

# CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

October 2 1982


Principles LPC  
Conference:  
Notional salary  
claim is  
worth 34pc;  
prospect  
of two types  
of community  
pharmacy

Clean-up order  
for Swansea  
pharmacy

Hopes for next  
'pharmacological  
revolution'

Death of  
Harold Davis

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# CHEMIST & DRUGGIST

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Editor:  
Ronald Salmon MPS  
Assistant Editor:  
John Skelton BPharm, MPS  
Contributing Editor:  
Adrienne de Mont  
BPharm, MPS  
Beauty Editor:  
Liz Platts BA  
Editorial Assistants:  
Patrick Grice BPharm, MPS  
Paul Slade BA

Price List Controller:  
Colin Simpson

Director: James Lear

Advertisement Manager:  
Peter Nicholls JP  
Assistant Advertisement  
Manager:  
Doug Mytton  
Production: Shirley Wilson

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Regional advertisement offices:  
Midlands: 240-244 Stratford Road,  
Shirley, Solihull, W. Midlands B90 3AE  
021-744 4427

East Anglia: 71 Welsford Road,  
Eaton Rise, Norwich NR4 6QD.  
0603 54284.

Scottish: 74 Drymen Road, Bearsden,  
Glasgow 041-942 2315

North East and North West: Techno  
House, 388-394 Low Lane, Horsforth,  
Leeds LS18 4DF 0532-583329

West Country & South Wales:  
10 Badminton Road, Downend, Bristol  
BS16 6BQ 0272 564827

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## COMMENT

### Options

Last week's *C&D* "Letters" column reflected a sudden storm of protest from rural pharmacists that the "option" or "patient choice" forms proposed under the Clothier agreement, are to be signed by the patient in the doctor's surgery. Clearly that is a totally unsatisfactory arrangement from the pharmacist's point of view, because even the most fair-minded doctor is unlikely to ask a patient to sign a form and then spend time explaining why it is in their interest not to sign!

This arrangement has, however, been on the cards for some time, and according to pharmacy's negotiators it is the only one that the doctors were willing to contemplate — it has therefore been seen as at least a step forward from no form at all. Others see it differently, and some have even said they would be better off with no Clothier at all than with the compromise as it now stands.

At last Sunday's Lincolnshire LPC conference (pp568 and 605) Mr Graham Walker (a signatory to the Clothier recommendations in 1977) said in his secretary's report that instead of "bringing peace in our time" Clothier was "too little too late" — at least as it looks like being implemented. It was too high a price to pay for stopping a few doctors from dispensing — it did nothing for those already affected and the option forms were likely to lose them even more patients.

Mr Walker's view was that it would be better for the regulations to remain silent on the subject of options than that the present proposals should be implemented. However, he recalled a remark by Mr Griff David during the Clothier negotiations that "patient choice is more an illusion than a reality". We suspect that might apply wherever the forms are signed, because the doctor will almost always be taking the initiative in getting the patient to fill one in — and can exert

enormous pressure without needing to stand over the patient while pen is put to paper.

Are the rural pharmacists really saying that there is nothing for them in Clothier if this regulation remains? Does the establishment of rules for starting to dispense, with patients' needs paramount, mean nothing? Is the opportunity to review the classification of rural areas not worth having?

Make no mistake, with *no* control doctor dispensing will mushroom at a rate previously not even contemplated. Young doctors are coming into rural practices, eager for every extra penny of remuneration they can lay their hands on. They are already disrupting long-established good relationships between their senior partners and respected community pharmacists. They are being egged on by the medical Press — and they are expected soon to have their own paper (funded by industry advertising, of course!)

The Rural Pharmacists Association is holding a meeting this weekend at Coventry and this will perhaps be members' final opportunity to say whether they want the all, or the none of Clothier. But if it is the none, they must say so in strength, and even then cannot be expected to have the only say in decision-making. The survival of the pharmaceutical service in rural areas is essential to its survival in urban areas because, as Mr Raymond Dickinson explained this week (also at the Lincs conference) the profession is on the verge of a metamorphosis. If the emerging butterfly cannot show itself to the whole community, it may well die.



## Claim for 34pc on notional salary

The current claim for proprietor's notional salary, in respect of 1982, is £13,873 — a 34 per cent increase on the 1981 figure. That was revealed at the annual conference of the Lincolnshire Local Pharmaceutical Committee on Sunday, by Mr M. Brining, financial executive of PSNC.

Explaining how the large claim had arisen — “it makes Arthur Scargill the soul of moderation” — Mr Brining said that the notional salary had last been freely negotiated in 1979. Prior to that, under a Labour Government, norms had been followed which required an enormous catch-up in 1979, resulting in a 47 per cent increase. Having been awarded 14 per cent in 1980 and 6 per cent last year, contractors were moving into a similar position once again. It should be remembered that the latest claim was based entirely on comparability with what managers were actually being paid, plus the proprietorial lead.

### Better superannuation

Within the claim PSNC was seeking enhancement of the superannuation element, which stands at 8 per cent compared with 18 per cent in the private sector. The current shortfall (£2,902) on the notional salary, was one of the major reasons contractors were short of money, Mr Brining suggested. It represented £13m a year, which could be 4p on the fee or £1,400 on the basic practice allowance.

Like everyone else, contractors had been offered 4 per cent and later 6 per cent, and there had also been a 6 per cent offer on the labour cost of other staff grades. Mr Brining was unsure whether that meant a 6 per cent increase in the index or in the cash sum — if the latter, it implied contractors would have to dispense an infinite volume of prescriptions for a finite volume of money. Cash limits must not apply in this situation, the speaker claimed.

PSNC had been more successful in securing continuing indexation of other costs which were outside contractors' control — despite Dr Vaughan's LPC conference statement 18 months ago. However, there had been difficulties in sharing property costs between NHS and counter. The dispute had been referred to the review panel which had recommended reimbursement on an area ratio basis should continue. The panel increased the

NHS space allocation from 20 per cent to 24 per cent, but Mr Brining was disappointed because there was still a major discrepancy in the turnover ratios. PSNC has asked the Department for implementation of the panel's recommendation — and expects to get it because the DHSS anticipates the panel's profit decision will be in its favour!

### Franks' interest formula

Recalling that the Franks panel had in 1979 recommended a two-part formula for the net profit margin (an interest element and pure profit on cost) Mr Brining said that the Department had put a case to the new panel in January this year, asking for the 2 per cent above bank interest rates to be reduced to 0.7 per cent. The case had not been put to the PSNC, which had itself submitted evidence in March — the panel's decision is expected within the next two or three weeks. Mr Brining warned that if the panel took the Department's position, there would again be retrospective clawbacks — “a cynical abuse of the system” he claimed.

A good deal of money was involved — 5p per prescription for 1981 and 1982. When the Franks formula had been introduced, interest rates were at an all-time high: now that they had come down to around 10 per cent there was 3p per prescription less in the global sum. Mr Brining said it was illogical that profits should go down with interest rates, when for other business profitability went up, so PSNC would be going back to the Department for a more sensible formula involving a percentage on cost.

### No July settlement

Suspecting that contractors have become used to a July settlement, Mr Brining warned this had not happened in 1982 because when the higher discount scale was brought in, PSNC had felt it desirable to negotiate a maximum remuneration increase to avoid an adverse effect of contractors' cash-flows. In doing so, they had pre-empted some 1982 money, which

meant that apart from oxygen rates, soon to be improved, there would be no further changes in remuneration this year.

### Current year

Looking at the possible figures for the current year and making assumptions on indexation, Mr Brining anticipated some £19m becoming available. However, higher ingredient costs meant the on-cost scale would mop-up as much as £13m leaving only £6m to play with — 2p on the fee or £600 on BPA. Thus low cost-inflation with a cost-plus contract meant low increases in remuneration. Mr Brining argued this showed the need for an emphasis towards BPA rather than on-cost. Unless some action were taken, contractors would be close to the undesirable position in which the amount paid out in on-cost was more than the professional fees.

Mr Brining said the Department would like to see the next cost inquiry in 1983 (the last was in 1977), with the results applied without a norm. Therefore if contractors could show their costs had risen by more than indexation levels they would receive the difference, even if it were more than allowed by cash limits. However the inquiry method was a “sticky” question. Activity sampling was no longer acceptable to contractors and there was a need for payment for the full time of the first pharmacist, based on the legal requirements of pharmacist supervision of dispensing, from the time of receipt of the prescription. PSNC also wanted a larger sample of contractors because they were not satisfied the present sample fairly reflected rent and rates.

Mr Brining was unable to predict the outcome of the FPC cash-limits survey but believed the Government was trying to generate money for tax cuts in the next budget.

### Annual timetable

It had been suggested that remuneration should be subject to annual review, but the panel had inherited a system which made this impossible without a change in the method of working — the net profit reference alone would have been before the panel for nine months. A timetable was required as with the Doctors and Dentists' Review Body. Mr Brining concluded by hoping the Minister for Health would be prepared to help — but suspected that the Government's “think tank”, which is currently looking at review bodies, might hem him in.

*Further report from the Lincolnshire conference starts p605*



# Clean-up order for Swansea pharmacy

A Swansea pharmacist who has run his business in a corrugated iron hut for more than 30 years has been given four months to clean up the premises.

Sir Carl Aarvold, chairman of the Pharmaceutical Society Statutory Committee, said on Monday that 69-year-old Mr Bernard Featherstone, of Wimmerfield Crescent, Killay, must realise that he was at grave risk of being removed from the Register unless he took steps to improve his pharmacy. Mr Featherstone faced a complaint that he conducted his pharmacy at Jersey Road, Bonymaen, in a manner that caused a potential hazard to the public and brought the profession into disrepute. Sir Carl ordered that a transcript of the hearing be sent to Mr Featherstone, who was too ill to attend.

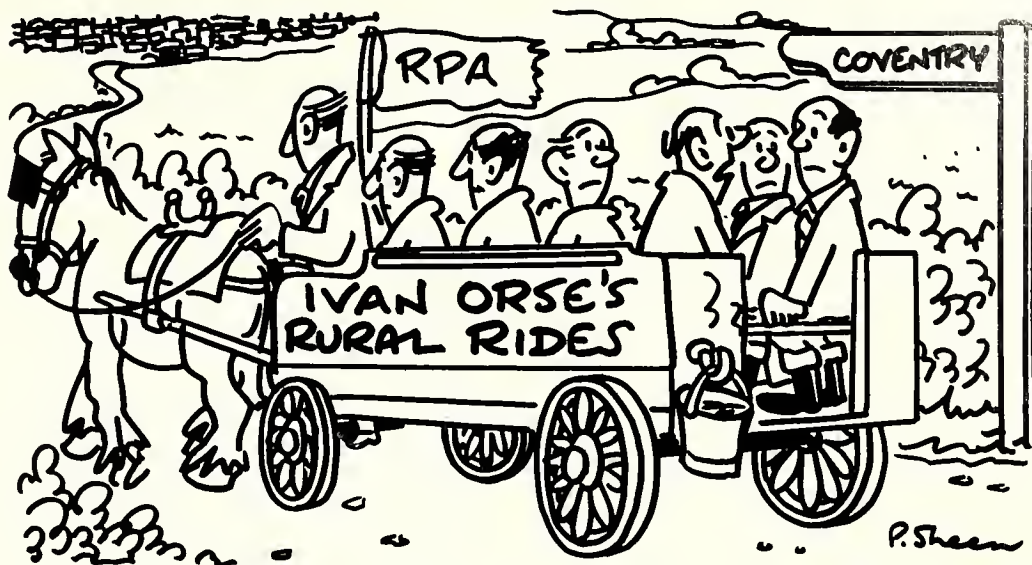
Mr Josselyn Hill, for the Society, said that Mr Featherstone was registered in 1937, and moved into a temporary corrugated iron hut at Bonymaen in 1949. More than 30 years later, he was still conducting the business from the same premises, and despite complaints from customers and inspectors of the Society very little had been done to improve the conditions.

Inspectors found the pharmacy needed cleaning and decorating. It contained quantities of out-of-date stock, and they found a large labrador dog in the small dispensary. In a letter to the Society, Mr Featherstone said no one was more aware than he of the limitations of the building. Much of what the inspectors condemned was the result of lack of space. In the past few months, he had begun to carry out structural improvements, and until those were finished it seemed a pointless exercise to improve the interior. He denied that much of his stock was out of date.

Mr Featherstone said that on medical advice he had decided to retire at the end of December and he hoped that the Committee would permit him to do so "with the dignity appropriate to a lifetime spent in the service of the public." Sir Carl said the Committee was not anxious to remove a man from the Register without giving him the opportunity of being heard. The matter would be adjourned to January.

## Drink problem controlled

Mr Ray Reynolds of Pendre, Cardigan, convicted of driving under the influence of drink, was given a further 12 months by the Committee to prove that his alcohol problem was under control. In February, the Committee decided to adjourn the case for six months after an inspector, Mr Anthony McDermott, reported that Mr Reynolds had admitted that he had a drink problem.



## Rural pharmacists sent to Coventry

The meeting between the protagonists in the Clothier negotiations on October 6 is to go ahead despite a call from the secretary of the Rural Pharmacists Association, John Davies, to Mr Alan Smith to postpone it. Mr Davies also sent telegrams to the National Pharmaceutical Association and Pharmaceutical Society of Great Britain about the "option" forms. The RPA is to hold an emergency meeting in Coventry on Sunday to discuss Clothier and "option forms" (*C&D* September 25, p516).

In a letter to the chief executive of the Pharmaceutical Services Negotiating Committee this week Mr Davies suggested to Mr Smith that the 60 letters of support the RPA had received over its stand on "option" forms were sufficient to justify postponement of the meeting "in order that our negotiators be in tune with the people they are representing".

Mr Smith told *C&D* he felt it was impossible in the circumstances to delay discussion, on this and other matters relevant to Clothier, at such short notice

especially as the meeting had already been postponed once. He is to meet Mr Davies on the day after the RPA's emergency meeting at Coventry to hear the outcome of that meeting. Mr Smith said he would then go into the October 6 meeting of representatives of PSNC, PSGB, General Medical Services Committee and the Society of Administrators of FPCs armed with these representations and others on a variety of Clothier matters and from a variety of individuals and organisations.

The secretary and registrar of the PSGB declined to comment at this time on the following telegram from John Davies: "Implore that the Council of the PSGB see RPA secretary regarding outcome of meeting with Rural Pharmacists at Coventry".

The director of the NPA, Mr Tim Astill refused to comment on his telegram: "Implore NPA Board of Management to back RPA stand on patient option or to allow attendance of RPA secretary at next Board meeting regarding Clothier final agreement".

Mr Astill told *C&D* he would present any points Mr Davies wished to make to the Board of the NPA when he received them in letter form and would only be able to comment then.

At this week's hearing Mr McDermott said that he had paid further visits to the pharmacy in April and June. Everything appeared to be in order, and there was no evidence that Mr Reynolds was creating any problems or difficulties for himself or anyone else by drinking. Mr Reynolds told the Committee, "I think I now have the problem under control."

## National publicity for rural cause

By the end of last week — a week in which rural pharmacist Mr Keith Jenkins, Burnham Market had had letters published in both *C&D* and *The Times* on the supply of medicines to rural folk — Mr Jenkins had been interviewed for Anglia Television, BBC Television East,

Radio Norfolk and Radio Hereford.

A follow up article in *The Times* the same week began: "Country chemists claim they are liable to go out of business in the face of increased competition from rural doctors dispensing their own prescriptions."

In the television and radio interviews Mr Jenkins set out the situation faced by rural pharmacists at present, the Clothier proposals and their likely effect, as he saw them. He suggested broadly that doctors were just dispensing for profit, that it was questionable "that the person who diagnoses and dispenses can also make out the death certificate" and that it costs up to 4 per cent more for a doctor to dispense a prescription than a pharmacist.

Mr Jenkins also pointed out pharmacists are prepared to institute a full collection and delivery service in rural areas. Keith Jenkins is a member of the Rural Pharmacists Association.



## 'Unprecedented squeeze' for NHS in Wales

Health authorities in Wales have been told to expect "an unprecedented squeeze" in the financial year 1983-4 in a confidential letter to AHA chairmen leaked to the Press this week. Details first appeared in the *South Wales Echo*, and were subsequently reported in the national dailies.

The document, which emanates from the Welsh Office, warns that the economic situation calls for "the most vigorous and determined attack on costs and control of manpower in the NHS," and that Welsh Secretary Nicholas Edwards is ready to intervene "to ensure his policies and priorities are being fully implemented." Annual cuts projected from next year to 1988-89 range from £5m-£14m with a total of £52m to be saved over the six years.

This follows a "think tank" paper suggesting the replacement of the NHS presented recently to the Cabinet (*C&D* last week). Since then, Chief Secretary to the Treasury Mr Leon Brittan has come out broadly in support of the Cabinet discussion paper, although both the Secretary for Social Services Mr Norman Fowler and Minister for Health Kenneth Clarke have spoken out to re-affirm the Government's commitment to the health service.

Replying to criticism arising from reports of the Welsh document, Under Secretary for Wales Mr Wyn Roberts has issued a statement claiming that the paper concerned only ways in which an unchanged level of money (ie unchanged on this year's in absolute terms) may best be distributed. Press and union suggestions that the paper would involve an overall reduction in staff of 9,000 (or indeed of any other figure) represented a "grotesque misunderstanding" he said.

Mr Roberts puts real growth in the NHS over the last ten years at 25 per cent, and says it is "unrealistic" to expect this growth to continue indefinitely when the economy as a whole is growing more slowly. He recognises that hard decisions will have to be made on priorities, and that careful planning would be necessary to make the best use of "inevitably limited resources." A Welsh Office meeting with Welsh DHA chairman and district officers has been arranged for next month, in order to canvas their views.

## New magazine for dispensing doctors

A new magazine catering for the needs of dispensing doctors is to be launched this month. The publication, *Dispensing Doctor*, will carry articles on pharmacology, practice management, etc,

and the editor Mr Bruce Durie, a freelance journalist, does not envisage it becoming a threat to rural pharmacists by encouraging more doctors to start dispensing.

It will be sent free to 3,500 dispensing doctors and will be financed by advertising from the pharmaceutical industry.

## More 'action' days

The TUC is planning further days of industrial action in the following regions in support of the health service workers: Merseyside October 4, Northern October 5, Yorks October 6, Northern Ireland October 7, South West 8, Wales 11, North West 12, East Midlands 13, West Midlands 15. Other dates and venues have yet to be arranged.

## PEOPLE

### IPSF chairman from Queen's

Mr Terence Maguire, a postgraduate student in the Department of Pharmacy Queen's University of Belfast, has been elected chairman of the International Pharmaceutical Students Federation.

Mr Brendan Kerr, a postgraduate student in the same department, has been elected information officer, IPSF.

### Unichem regional committee members

Unichem has appointed ten member pharmacists to its regional committees. They are: Mr John Saunders, MPS of Redruth, Cornwall, who will serve on the West Country committee; Mr Arthur Townson, MPS of Runcorn, Cheshire — Midland and North West regional committee; Mr Frank Brown, MPS of Southwick, Brighton — London South regional committee; Mr Barry Lowes, MPS of Hartlepool, Cleveland — Northern regional committee; Mr Geoffrey Tomlinson, MPS of Wisbech, Cambridgeshire — London North regional committee.

Other committee members are: Mr David Perry, MPS of Otford, near Sevenoaks — London South; Mr Wyndham Davies, MPS of Newport, Gwent — Wales; Mr Peter Hindley, MPS of Glossop, Derbyshire — North; Mr Tony Kidman, MPS of Bedford — London North; and Mr Malcolm Willetts, MPS of Birmingham — Midland and North West.

There are seven Unichem regional committees, each with a membership of more than 40 local pharmacists.



## Mr Mayers' 50 years in pharmacy

Mr Norman Mayers pictured at the start of a 50-year career in the Collins and Butterworth pharmacy at Denton, Manchester. Mr Mayers is still working as a dispensing assistant alongside a third generation of the Butterworth family of pharmacists and celebrated his golden jubilee at a recent party held in his honour.

Mr Mayer started as a delivery boy with Mr J. Butterworth, the present proprietor's father, before serving as first a counter-hand and then as a dispensing assistant. Mr Tony Butterworth, the pharmacist-owner, has a son, Simon, who is completing a pre-registration year in a Manchester hospital.

Mr Mayer is married with two children and three grandchildren and has no plans for retirement at the moment.

## Life with the Lions

Two pharmacists and a postgraduate are among the founder members of a new branch of the Lions club to be set up in the borough of Kensington and Chelsea. Organiser-in-chief Mr Charles Bannister, MPS, is joined by Mr Jadavji Patel, MPS, and Mr J. Gujral, who is currently completing his postgraduate year. The new club, which is to run under the guidance of Lions zone chairman Mahanbir Singh Kalsi, MPS, aims to live up to the Lions' "we serve" motto by organising a variety of fund raising and sponsored events in aid of charity. Applicants for founder membership should contact Mr Bannister on 01-352 6974 by October 5, when the club commences operations. Charter memberships will be available for a limited period after this, however.



## Death of Harold Davis, PhD, FPS

Dr Harold Davis, former chief pharmacist at the Ministry of Health, of 6 Derwent Avenue, Hatch End, Pinner, Middlesex, died on Monday.

Dr Davis began his working life with an apprenticeship in chemical engineering, but moved to pharmacy when that industry was affected by a strike. His scientific education started in Manchester in 1923 and he went rapidly through the parts one and two examinations (which he took together) and the PhC. By 1925 he had been awarded the Pereira medal and obtained a lectureship in pharmacy at Swansea Municipal College. Two years later he was head of the department, and in January 1929 an examiner for the PSGB.

Hospital pharmacy attracted him, however, and he moved to London to become chief pharmacist at University College Hospital, where he remained for 18 years. In 1930 he secured a special London BSc degree and the Associateship of the Institute of Chemistry. A thesis on the bacterial investigation of sterile material gained him his PhD in 1939. Many other committee posts were taken in his stride, and Dr Davis will be remembered by a generation of pharmacy students for his 1948 revision of Bentley's Textbook of Pharmaceutics.

In 1947, Dr Davis took on the newly-created (under the NHS Act) post of chief pharmacist to the Ministry of Health, where he remained until 1967. He then put his experience at the disposal of industry and organisations as a consultant.

*Dr T.D. Whittet, FPS, writes:* "I learned with sorrow of the death of my friend and former colleague Dr Harold Davis but I am pleased to have been asked to write a tribute to his memory.

Harold had a truly remarkable career — teacher, chief pharmacist at University College Hospital and of the Ministry of Health, research worker, examiner and author. He published many important research papers on formulation and stability of pharmaceutical preparations. His work in microbiology was really outstanding and led to fundamental changes in the pharmacopoeial methods of sterilisation. The process of heating with a bactericide, which he devised, is still in use.

"Dr Davis was a strong supporter of the BP Conference, of which he was chairman in 1954, and of the International Pharmaceutical Federation. His work for the World Health Organisation and the Council of Europe made him a pharmacist of international repute.

"He had a ready wit and a sparkling sense of humour and was always ready to help fellow pharmacists, especially those in the early stages of their career. I shall never forget his kindness and help and am proud to have been his successor at UCH and at the Ministry."

# TOPICAL REFLECTIONS

By Xrayser

## Discounts

I grow more and more disturbed by the implications to be drawn from the curious reluctance of some contractors to allow an inquiry into their discount figures.

I have long been concerned at the way the PSNC drew up the table of graduated discounts which contractors in various categories of dispensing volume were supposed to get — because in my case, unless all my ethicals business is placed with one wholesaler, the discounts I actually receive fall well short of the amount PSNC have agreed should be taken from my cheque. The financial pressure to at least break even has finally given me no choice but to polarise my buying.

The results of this pressure have been serious in certain areas, with some wholesalers facing ruin, and Sangers disappearing altogether. But what I found inexplicable was PSNC's agreement to a top figure in the discount scale for the larger contractors which is less than the actual discounts the big buyers can command. Go and ask your wholesaler what he will offer you for £x thousand ethicals purchases a month, and compare it. A figure only ½ per cent above the agreed maximum can represent big money when taken over a year.

It looks to me that since it is we, the contractors, who have the distribution of the global sum in our hands, we had better pull our fingers out and produce a scheme based on the value of drugs purchased, allowing an agreed part discount-free, to cover purchases from other than the main supplier. The accounts could then come up with figures which would really be seen to be appropriate. (I am assuming a reality in which there is no hope of agreement between the wholesalers to scrap these accursed discounts).

Whether we like it or not, the Government is determined to pay us the cost price of the drugs we supply. And since we accept an on-cost for profit, as well as a fee for our work, I hate having to admit that I think they are right. However, if they want to put me on their panel of 500 for analysis they are welcome, since half the time they pay me less than I pay.

The only reason I can think of for denying access would be if I were picking up more than was calculated. It would be interesting to know the purchasing power of the reluctant contractors!

To sum up, what have I been saying? (1) Discounts are a pain and we should combine to bring pressure on the wholesalers to stop them. (2) The PSNC has produced a discount calculation which in my view favours the larger contractors

in a way which is inexplicable and unfair. (3) Because of this, the DHSS officials who are not daft, have smelled a rat and are demanding sight of the actual figure. (4) Serves us right?

## Traditional

Not long ago we saw a full dissertation on the treatment of diarrhoea using glucose and salt in simple solution as the only treatment coupled with a 24-hour starve. "Great," I thought, "this is the definitive treatment" — and accordingly started to counter-prescribe sachets of the product.

I don't doubt it works, but I have noted a considerable customer response to my accompanying advice which can only be described as "disappointment." While they are (some of them) too polite to refuse my advice, others reluctant to trust to so simple a remedy, opt for the belt and braces approach and decide to take a bottle of kaolin and morph "as well" — or Collis Brownes or Diocalm or whatever! I don't mind but need no reminding of the inherent conservatism of our great British public.

Even so, I have to admit surprise the ICML have chosen this moment to launch a mist kaolin pro inf so soon after it was concluded in the pharmaceutical Press that the product was of little use.

## Information

There I was, a couple of weeks back, moaning about the loss of our knowledgeable friends at the wholesalers, the old hands who really knew the products they handled and took a pride and pleasure in being able to give us the right answers almost off the cuff. No point in lamenting ad nauseam because there exist two specialist sources of information on all subjects pharmaceutical, available on the end of the blower. Our Society at Lambeth has a first class service, particularly on technical matters, while our NPA has several staff concentrating on giving us the sort of service I thought we had lost for good.

The Good News is that they have a fully card indexed information file, continually updated, with real live people who can answer our questions with the confidence of equals, and who if they don't know off hand, know where to get the facts quickly, and to use intelligence in selection. Not, I am glad to say, computerised, or this column would probably turn into a new moan, (which would no doubt be translated by a machine as "newly cut?") Hay noddy ho, I'm sorry . . . I must go.



# PRESCRIPTION SPECIALITIES

## Fasigyn tablets and injection

**Manufacturer** Pfizer Ltd, Ramsgate Road, Sandwich, Kent

**Description** White film coated tablets containing 500mg of tinidazole. The intravenous solution is packed in 400ml or 800ml bottles (2mg/ml) containing 800mg or 1,600mg of tinidazole, a cream to pale yellow crystalline solid

**Indications** Prevention and treatment of infections due to susceptible obligate anaerobic bacteria. Tinidazole is bactericidal for the following organisms: *Bacterioides fragilis*, and other species of bacteroides, fusobacteria, peptococci, peptostreptococci, clostridia, eubacteria and veillonella. Also used to treat acute ulcerative gingivitis

**Dosage** Oral: prophylaxis of postoperative infections, single 2g dose; treatment, 2g initially then 1g per day for

five or six days. IV: prophylaxis, single 1,600mg dose; treatment, 800mg initially then 800mg per day for five or six days

**Contraindications** Blood dyscrasia, neurological disorders and hypersensitivity. It should not be given to the pregnant or nursing mothers. It is not recommended for children

**Precautions** Avoid taking with alcohol — can cause abdominal cramps, flushing and vomiting

**Side effects** Abnormal neurological disturbances have developed with drugs of similar chemical structure. Occasionally nausea, vomiting and leucopenia have occurred. With IV use, mild thrombophlebitis has been observed at the infusion site

**Storage** Below 25°C, away from light. Shelf life tablets 3 years, injection 2 years

**Packs** Tablets in 20s (£11.50). IV injections, 400ml (£19.20 trade), 800ml (£38.40 trade)

**Supply restrictions** Prescription only  
**Issued** October 1982

## Alunex tablets

**Manufacturer** M.A. Steinhard Ltd, 702 Tudor Estate, Abbey Road, London NW10 7UW

**Description** Yellow biconvex round tablets, one side bearing the name "Steinhard," the other scored and bearing the letter "C" above the score line and the figure below, each containing 4mg chlorpheniramine maleate

**Indications** Symptomatic control of allergic conditions that respond to antihistamines

**Dosage** As for other chlorpheniramine preparations

**Contraindications, precautions etc** As for other chlorpheniramine preparations

**Packs** Containers of 50 (£0.45), 500 (£4.12), 1000 (£8.10)

**Supply restrictions** Pharmacy only  
**Issued** September 1982

## Aluzine tablets

**Manufacturer** M. A. Steinhard Ltd, 702 Tudor Estate, Abbey Road, London NW10 7UW

**Description** Flat white round tablets, one side bearing the name "Steinhard" and the other scored, with a letter "F" above the score line and the figures 20 or 40 below and containing frusemide 20mg and 40mg respectively. Aluzine 500: yellow flat round tablets, with the name "Steinhard" on one side, the other scored with the letter "F" in the top quadrant and 500 in the remaining quadrants, containing frusemide 500mg

**Indications** Diuretic. Oedema of cardiac,

hepatic, renal or pulmonary origin. toxæmia of pregnancy. Mild or moderate hypertension. Aluzine 500: diuretic for the management of oliguria due to chronic or acute renal insufficiency

**Dosage** As for other frusemide preparations

**Contraindications, precautions etc** as for other frusemide preparations

**Packs** Aluzine 20, containers of 250 (£7.50). Aluzine 40, containers of 1,000 (£46.25). Aluzine 500, containers of 100 (£48.75)

**Supply restrictions** Prescription only  
**Issued** September 1982

## Aluline tablets

**Manufacturer** M.A. Steinhard Ltd, 702 Tudor Estate, Abbey Road, London NW10 7UW

**Description** White biconvex round tablets, one side bearing the name "Steinhard," the other scored with the letter "A" above the score line with either 100 or 300 below, and containing 100 or 300mg allopurinol respectively

**Indications** Excess body urate including gout. Calcium renal lithiasis in patients with raised serum or urinary uric acid

**Dosage** Initial dosage should be in the range 100-300mg per day which may be taken as a single dose. Doses in excess of 300mg should be divided — it has rarely been found necessary to exceed 900mg per day. Dose should be adjusted by monitoring uric acid levels. Maintenance dose is normally 200-600mg per day. Children: 10-20mg/kg bodyweight per day — mainly indicated in malignant conditions especially leukaemia and certain enzyme disorders. In the early

stages of treatment an acute attack of gouty arthritis may be precipitated and it is advisable to give prophylactic doses of anti-inflammatory agents or colchicine

**Contraindications, precautions etc** As for other allopurinol preparations

**Packs** Aluline 100, containers of 100 (£12.90). Aluline 300, containers of 28 (£8.70)

**Supply restrictions** Prescription only  
**Issued** September 1982

## Alupram tablets

**Manufacturer** M.A. Steinhard Ltd, 702 Tudor Estate, Abbey Road, London NW10 7UW

**Description** Flat round tablets with the name "Steinhard" on one side, the other scored with the letter "T" above the score line and a figure below, each tablet containing 2mg, 5mg or 10mg diazepam. The 2mg tablets are white and carry the figure 2, the 5mg tablets are yellow and carry the figure 5 and the 10mg tablets are blue and carry the figure 10

**Indications** Short term treatment of the symptoms of anxiety and insomnia

**Dosage** As for other diazepam preparations

**Contraindication, precautions etc** As for other diazepam preparations

**Packs** Alupram 2 and Alupram 5 containers of 50 (£0.54 and £0.75), 500 (£4.30 and £6.30) and 1,000 (£8.30 and £12.30) Alupram 10 container of 500 (£9.40) and 1,000 (£18.40)

**Supply restrictions** Prescription only  
**Issued** September 1982

## Almazine tablets

**Manufacturer** M.A. Steinhard Ltd, 702 Tudor Estate, Abbey Road, London NW10 7UW

**Description** Light green flat oval tablets, one side bearing the letters "MAS," the other scored and bearing the letter "L" above the line and the figure "1" below, each containing lorazepam 1mg. Pink flat oval tablets, with "MAS" on one side, the other scored with the letter "L" above the score line and the figures "2.5" below, each containing lorazepam 2.5mg

**Indications** Mild, moderate and severe depression and tension states, as a sedative and premedication before general surgery and operative dentistry

**Dosage** As for other lorazepam preparations

**Contraindications, precautions etc** As for other lorazepam preparations

**Packs** Almazine 1mg, packs of 100 (£1.72) and 1,000 (£16.50) Almazine 2.5mg, packs of 100 (£2.73) and 1,000 (£26.50)

**Supply restrictions** Prescription only  
**Issued** September 1982



## Gastrozepin tablets

**Manufacturer** Boots Co plc, Thane Road, Nottingham NG2 3AA

**Description** White tablets containing the equivalent of 50mg of anhydrous pirenzepine dihydrochloride scored on one face with a single line with "G" and "50" either side of it. The obverse of the tablet is impressed with the Boots "B" symbol

**Indications** Treatment of gastric and duodenal ulcers

**Dosage** Usually 100mg daily, one tablet morning and night taken with a little liquid half an hour before a meal for a total of four to six weeks. For severe

symptoms, 150mg daily (one tds) may be given. Gastrozepin may be given continuously for up to three months if necessary

**Contraindications** It should not be given to pregnant women.

**Precautions** Interaction between sympathomimetics or monoamine oxidase inhibitors is a theoretical possibility

**Side effects** Occasionally a dry mouth and accommodation difficulties may occur but these are transitory and rarely sufficient to warrant discontinuation of therapy

**Packs** Blister-packed in 6 × 10 strips (£20.50 trade)

**Supply restrictions** Prescription only  
**Issued** October 1982

## Flosint tablets

**Manufacturer** Farmitalia Carlo Erba Ltd, Kingmaker House, Station Road, Barnet, Herts

**Description** White, uncoated, biconvex, scored tablets containing indoprofen 200mg

**Indications** Analgesic anti-inflammatory agent for treatment of the arthritides, and the mild to moderate pain of lower limb ischaemia, malignancy, episiotomy and other surgical or dental procedures

**Dosage** Adults — initially 200-600mg daily in two to three divided doses, after food. May be increased to 800mg daily. For maintenance the dose may be reduced to

the level giving satisfactory relief of symptoms for prolonged periods.

Paediatric usage has not been established

**Contraindications** Patients with known sensitivity to propionic acid derivatives and prostaglandin synthetase inhibitors; active peptic ulceration

**Precautions** Animal experiments show no evidence of teratogenicity, but this class of compounds has been shown to delay parturition in animals. Use during pregnancy should be avoided if possible. Bronchospasm may be precipitated in patients with history of bronchial asthma or allergic disease. Indoprofen is extensively protein-bound and may displace oral anticoagulants, sulphonylureas, etc, from binding sites so

dosage alterations may be necessary.

Dosage reduction may be required in renal or hepatic impairment

**Side effects** Most common reactions are gastro-intestinal, including dyspepsia and nausea. Haemorrhage can occur rarely, as well as exacerbation of latent peptic ulceration. Other effects include mild CNS symptoms, eg dizziness and headache, and skin rashes. More rarely, decrease in platelet count and blood dyscrasias may occur. Limited data suggests that abnormal liver function may be further impaired

**Packs** 100 tablets (£15 trade)

**Supply restrictions** Prescription only  
**Issued** October 1982

## Single dose Minihep and Unihep

Leo Laboratories have introduced single dose (1ml) ampoule preparations of the various concentrations of their heparin (mucous) injection BP — 1,000, 5,000, 10,000 and 25,000 iu per ml — as Unihep. The 5,000 iu strength is also available as 0.5ml Minihep Darts as an automatic injector system.

Trade prices are: Minihep Darts, £25.71, packs of 50; Unihep 1,000, £6.86 (50s); Unihep 5,000, £13.71 (50s); Unihep 10,000 (10s), £4.46 and Unihep 25,000, £10.68 (10s). *Leo Laboratories Ltd, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.*



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# PRESCRIPTION SPECIALITIES

## H-B-Vax

**Manufacturer** Thomas Morson Pharmaceuticals, Hertford Road, Hoddesdon, Herts

**Description** Sterile suspension containing 20mcg of hepatitis B surface antigen adsorbed on to alum

**Indications** Immunisation against infection caused by hepatitis B virus, including all known sub-types

**Dosage** The vaccination strategy is to be adjusted according to geographical location and incidence of infection. Given intramuscularly in three doses, the first dose is repeated after one and six months. Children of six months to ten years old, three doses of 0.5ml — children over ten and adults, 1ml

**Contraindications** Hypersensitivity to any component of the vaccine

**Precautions** Because of the prolonged incubation period of hepatitis B, infection may be present at the same time of vaccination when the vaccine may be ineffective.

Adrenalin injection BP (1:1,000)

should be available for immediate use in case any anaphylactoid reaction occurs.

Patients for whom a febrile or systemic reaction could pose a significant risk should be treated with caution as should nursing mothers. The vaccine is not recommended for infants under six months or pregnant women

**Side effects** In studies involving over 1,000 adults, approximately 25 per cent reported some local or systemic complaint. Local soreness or erythema at the injection site were most common with local swelling, warmth or induration reported less frequently. Low grade fever occurs occasionally with a fever of 102°F reported uncommonly.

Systemic complaints include malaise, fatigue, headache, nausea, myalgia and arthralgia, are infrequent and limited to the first few days following vaccination. Rash has been reported rarely.

**Pharmaceutical precautions** Store unopened at 2-8°C. Do not freeze. No dilution or reconstitution is necessary

**Packs** Three vials of 1ml (£63.50 trade)

**Supply restrictions** Prescription only

**Issued** October 1982

## Alexan injectable solution

**Manufacturer** Pfizer Ltd, Sandwich, Kent

**Description** Isotonic solution of 20mg per ml cytarabine in 2ml and 5ml ampoules

**Indications** Acute leukemias, non-Hodgkin's lymphomas

**Dosage** Administered by continuous intravenous infusion, intravenous injection, intrathecal injection and, in maintenance therapy only, by intramuscular or subcutaneous injection. Remission induction therapy for acute leukemias 100-200mg per sq m body surface area (3-6mg per kg) daily for up to 7 days or until the appearance of bone marrow hypoplasia. Remission maintenance 75-100mg per sq m (1.5-3mg per kg) daily for five consecutive days once a month or one day each week. CNS leukemias 10-30mg per sq m body surface area three times weekly intrathecally. Lymphomas are usually treated with a suitable combination of agents. See literature

**Contraindications** Severe bone marrow suppression

**Precautions** Leucocyte and platelet counts must be performed daily during induction therapy and carefully monitored during remission maintenance. Haemopoietic, renal and kidney function should be regularly monitored. Hyperuricaemic prophylaxis is an absolute requirement and blood uric acid levels should be monitored. Because of possible teratogenic effects on male and female germ cells adequate conception control should be established during, and for a sufficient period after, treatment. Should be used in women who are or who may become pregnant only after considering benefit / risk potential. Use in nursing mothers not recommended. To minimise risks during induction therapy, should be used only in centres where adequate supportive therapy is available

**Side effects** Bone marrow suppression, megaloblastosis, immunosuppression, nausea, vomiting, diarrhoea, oral inflammation or ulceration, fever, pneumonia, anorexia, hepatic dysfunction. Gastro-intestinal effects are more pronounced with high dose continuous infusion and paralytic ileus has been reported.

**Storage** Below 15°C. Shelf life three years at this level

**Diluent** Physiological saline or 5 per cent aqueous glucose for infusion

**Packs** 2ml ampoules (10, £14.40 trade) and 5ml ampoules (10, £36)

**Supply restrictions** Prescription only

**Issued** October 1982

## Medised tablets

**Manufacturer** Martindale Pharmaceuticals Ltd, Chesham Close, Romford, Essex RM1 4JX

**Description** White biconvex tablets containing 500mg paracetamol and 10mg promethazine hydrochloride scored on one side

**Indications** The symptomatic relief of influenza, feverishness and feverish colds and pain associated with nasal and sinus congestion

**Dosage** Adults: two tablets usually taken at night

**Contraindications, precautions** As for paracetamol and promethazine. Medised will potentiate the action of any sedative, hypnotic or other central nervous depressant. The consumption of alcohol should be avoided

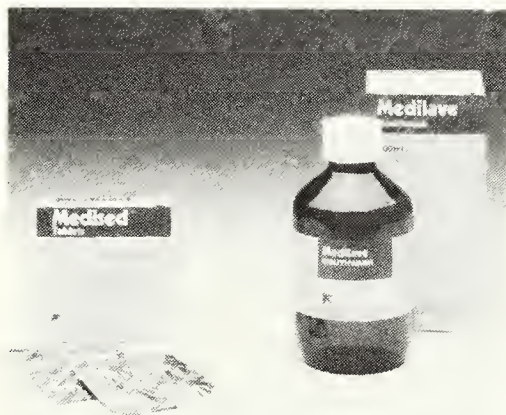
**Side effects** Drowsiness

**Overdosage** Treat as for preparations containing paracetamol

**Packs** 1n 12s, £0.95

**Supply restrictions** Pharmacy only

**Issued** October 1982



*New presentations of Medilave and Medised*

w/v, flavoured with eucalyptus and spearmint

**Indications** For the symptomatic treatment of sore mouth and throat caused by superficial infections

**Dosage** Children over six years and adults: three 5ml spoonfuls undiluted every three hours (or as required as a mouthwash and/or gargle)

**Packs** Bottles of 200ml, £0.98

**Supply restrictions** GSL

**Issued** October 1982

## Medilave mouthwash

**Manufacturer** Martindale Pharmaceuticals Ltd, Chesham Close, Romford, Essex RM1 4JX

**Description** Aqueous solution of cetylpyridium chloride BP 0.025 per cent

## Colour change

A minor change in the colour of methyldopa tablets 125mg, 250mg and 500mg, effective as soon as current stocks run out, has been announced by *Seward Pharmaceutical, Charlwoods Road, East Grinstead, Sussex RH19 2HL.*



## Decadron injection — wrong expiry date

Part of batch no 21499 of Decadron injection (dexamethasone sodium phosphate, 4mg/ml) has an incorrect expiry date on the vial label. The expiry date of the whole of the batch is March 1985, and this date is correctly printed on the outer carton and shelf outer. However, the vial label in some cases bears the date March 1982.

Pharmacists who receive vials bearing the date March 1982 are advised to check the batch number and the carton label for assurance that the goods are in fact within date. All hospital and wholesalers recorded as having had material from the batch have been contacted individually. If in doubt please contact *Merck Sharp & Dohme Ltd, Hertford Road, Hoddesdon, Herts EN11 9BU*.

## Rybar inhaler No 2

A new model inhaler has been introduced by Rybar Laboratories, known as the standard inhaler No 2. The diameter of 80 per cent of the droplets produced fall in the size range 0.5 to 8.0 microns, says the company, the ideal size for deep penetration and deposition of the droplets into the bronchioles and alveoli.

Each puff of the bulb ejects 12-15cc of air carrying 0.0075ml of solution, allowing the inhaler to be used for the delivery of appropriate drugs for which a therapeutic dose can be contained within 0.05-0.10ml (7-14 puffs).

The efficacy of a nebuliser is a function of the particle size of the mist, the pressure with which it is ejected and the physical characteristics of the nebulised liquid. Rybar say the main advantage of bulb nebulisers over pressurised aerosols is the precision with which the dose can be matched to the patient's needs. The average life span of the equipment is three years, they say.

The previous model will continue to be available and will be known as Rybar standard inhaler No 1. The inhaler is an approved appliance (Drug Tariff). *Rybar Laboratories Ltd, 25 Sycamore Road, Amersham, Bucks SL6 1RD*.

## Moduretic oral solution

An oral solution containing 5mg amiloride hydrochloride and 50mg hydrochlorothiazide per 5ml has been introduced by Merck Sharp and Dohme for the use of patients who have difficulty

## Fresh & Dry revamped and variant for men added

Bristol-Myers have reformulated and repackaged Fresh & Dry aerosol deodorant at the same time making a variant addition. This reformulation with anti-stain protection will significantly help with the problem of clothes stain, the company says. All packs will be clearly flashed "Now with anti-stain protection — Fresh clothes and dry confidence".

The four existing Fresh & Dry variants are now available in 200g and 250g trimline cans. Prices are unchanged.

The new variant Fresh & Dry for men (200g, £1; 250g, £1.19) follows research which found the male anti-perspirant



in swallowing Moduretic tablets, particularly the elderly or hospitalised patients.

The aniseed / peppermint flavoured solution should not be diluted and is available in amber bottles of 200ml (£4.50 trade). *Merck Sharp & Dohme Ltd, Hoddesdon, Herts EN11 9BU*.

## Bricanyl Nebuhaler

The Bricanyl Nebuhaler has been developed to provide an inexpensive and efficient alternative to the various nebuliser systems or standard aerosols, say Astra Pharmaceuticals Ltd.

The Nebuhaler consists of a 750ml plastic cone, incorporating a one way valve attached to a standard 400 dose Bricanyl inhaler. Astra say studies have shown that in both moderate and acute asthma, Bricanyl administered in this way is at least as effective as wet nebulisation of the drug. The Nebuhaler costs £8.50 (trade). *Astra Pharmaceuticals Ltd, St Peter's House, 2 Bricket Road, St Albans, herts AL1 3JW*.

sector offers real growth potential.

To support the launch the company is offering several dealer benefits linked with consumer promotions aimed at the larger retailers who deal direct with the company. The company is now able to personalise Fresh & Dry packs. This will include price printing on all caps together with the retailer's logo.

Those taking advantage of the offer will be eligible for free display material featuring a consumer information leaflet — "Wear and Care with Fashion wear" — which includes a consumer competition with as first prize a silk collection wardrobe. Details of further activities will be announced shortly. *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Slough*.

## Xtrafit for 'energy'

Two energising drinks have been launched by a new company, Xtrafit Health Products Ltd.

Xtrafit No 1 and Xtrafit B6 are glucose based powder sachets to be reconstituted with water (or other drinks). Packed in 14s both will retail at £1.40. *Xtrafit Health Products Ltd, Weir Bank, Bray-on-Thames, Maidenhead, Berks SL6 2ED*.

## ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Anadin:	All areas
Batiste shampoo:	Ln, M
Cyclax:	All areas
Disprin:	All areas
Fairy toilet soap:	A, U, G
Head and Shoulders:	Ln, Y, NE, A, U, B, CI
Hedex:	U, E
Jo-ba natural hair products:	Y
Just Natural Products	All areas
Mucron:	All except M, Y, We, B, E, CI
Paddi Cosifits:	All areas
Pampers:	All areas
Pure Silk:	All areas
Radox:	All areas
Ralgex:	Ln, N, Lc, Sc, B, G
Robinson's baby foods:	All areas
Sanatogen multivitamins:	All areas
Sunsilk shampoo:	All areas
Wisdom mouthwash:	All areas



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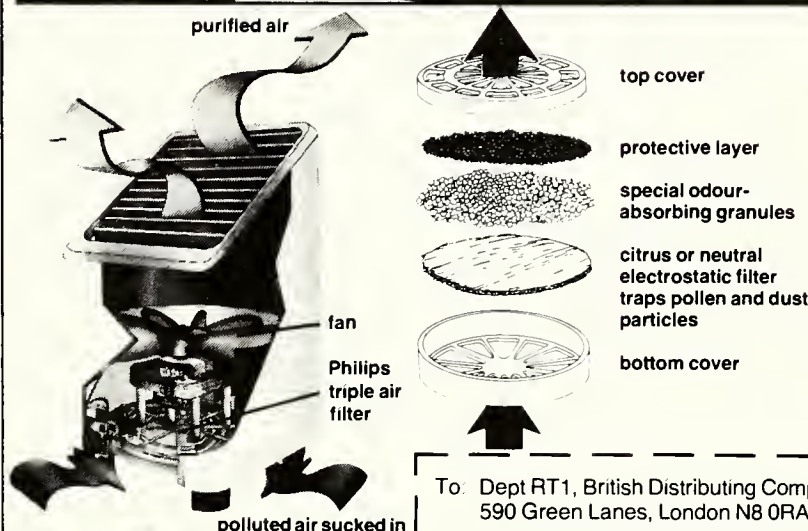
Its secret lies in a triple filter — containing a combination of odour-absorbing crystals and an electrostatic dust/pollen filter and scent impregnated filter.

Air in the room is drawn in via an electric fan, passed through the filter where the pollutants are trapped, and then recirculated fresh and clean through the top.

The filter lasts for up to 3 months, and is easy for the consumer to replace.

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This autumn, Philips are launching a massive advertising campaign to create the demand. So now is the time to stock up.

Send the coupon for more details, and your copy of the BDC Times. It's packed with hundreds of offers, ideal for chemists to retail. All at BDC's special prices. And all with delivery in 24 hours, in a 30-mile radius of London.

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Chocolate-flavoured drink containing proteins, carbohydrates, vitamins and minerals. A meal supplement or replacement.

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A carbohydrate drink, with essential vitamins, that provides an immediate and sustained source of energy.

## **Mineral Plus 6.**

Citrus-flavoured drink that regulates the body's water and electrolyte balance, and replaces fluid energy and mineral salts lost by sweating.

## **Power Back.**

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Handy energy in a delicious bar that contains an appetising mixture of glucose, vitamins, fruit, cereals and nuts, in a milky coating.



# Team

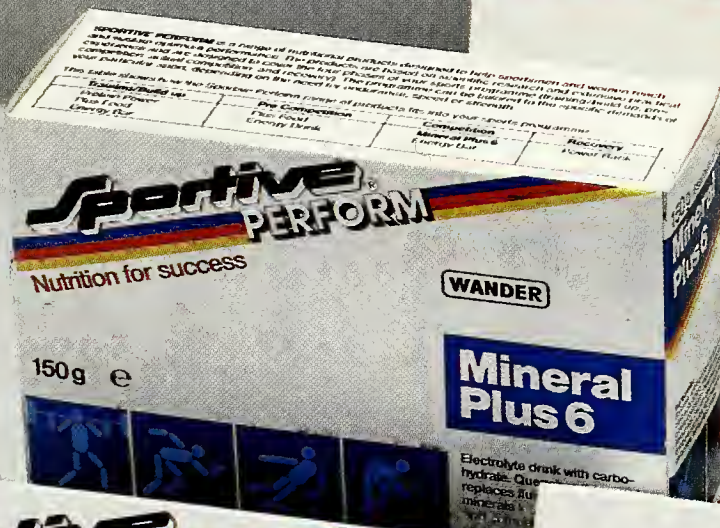
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Concentrated, handy energy source. Useful during training and competition. With fruit, cereals and nuts in a milk coating.



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**Power Back**

High protein, energy, vitamin and mineral drink. Helps recovery after training and competition. Refreshing orange flavour, mix with water.

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**Plus Food**

Protein rich drink with carbohydrates, vitamins and minerals. Ideal diet supplement, meal replacement or pre-game meal. For use in training and pre-competition phases. Chocolate flavour, mix with water.

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**Energy Bar**

40g

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Please send me your trade brochure, and details of the super Starter Pack offer.

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Address \_\_\_\_\_

CD



## Shaving cream for use with all twin blade razors

Gillette personal care division are introducing a shaving cream which, they say, is specially formulated to be used with all twin blade razors. Contour Twin Action shaving cream is available in one size and two variants, regular and cologne fresh (200g, average retail price £0.75).

Despite a dramatic increase in the use of twin blade shavers rising from 2.5m units in 1977 to 4.5m in 1981 the aerosol shaving market has remained static. Gillette believe a shaving cream to meet the requirements of the twin blade shaving market will boost this sector.

Contour shaving cream, they say, has a rich thick lather for improved shaving comfort and a humectant agent to help retain moisture on the skin when shaving.

To launch the shaving cream Gillette are offering banded packs with a free Contour razor and cartridge, plus 10p off next purchase coupon. The shaving cream will also be featured in the 1983 Gillette Contour television advertising and sampling campaigns will be used. *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

## October offers from Vestric...

Vestric's special offers for October include Vespri press-on towels, Kleenex cotton wool, Snugglers, Palmolive Rapid Shave, Elnett hair spray and Crest toothpaste. The promotions are being supported by a national Press advertising campaign. Details are available from all Vestric branches, or direct from *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

## ...and from ICML

Independent Chemists Marketing Ltd are continuing their Edinburgh International Crown hand cut crystal wine and champagne glass offer on photographic flash during the October promotion of NPA Products. In addition, they are offering retailers the *Reader's Digest Cookery Year Book* with every 12 case order of Nusoft paper plus a bonus of 40p per case. On offer are Nusoft one way nappy liners, hairspray, shampoo, bubble bath, Nusoft feeders, Sunpure blackcurrant health drink, Nuhome aluminium foil, Nusoft teats, washing-up



liquid, Nuhome fabric softener & conditioner, bleach, floor & wall cleaner, pine disinfectant, antiseptic, Nusoft rubber gloves and kitchen rolls, rose hip syrup, concentrated orange juice, Nusoft soothers, and toilet rolls.

A 7½ per cent bonus will be available to the chemist on Barnes Hind hard and soft contact lens solutions, zinc oxide plaster and the Numark range of bags. Members are also being offered a 5 per cent bonus per member pack across the whole range of medicated confectionery, and on the range of NPA bags, including the high density bags, and increased margins will be available on Nucross glucose. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## Improved Complan

Farley Health Products have relaunched chocolate and strawberry flavoured Complan. The new formulations offer considerable improvements in taste, smell, colouring, overall appearance and reconstitution qualities says the company.

A £¼m television advertising spend has been allocated for a two week campaign, breaking November 9 in London, Midlands, Scotland, Lancashire, Wales and West, South, South West and

Grampian. The campaign will also be run in February, March and April next year. *Farley Health Products Ltd, Torr Lane, Plymouth, Devon PL3 5UA.*

## En-De-Kay supplies

Stafford Miller have taken over distribution of the En-De-Kay oral hygiene range. Available are En-De-Kay fluoride tablets for children in the two to four and four and over age categories (both packs of 200, £1.50), orange flavoured paediatric fluoride drops (£1.17), fluoride blackcurrant mouthrinse (100ml, £2.28) and En-De-Kay erythrosine containing disclosing tablets (£0.81).

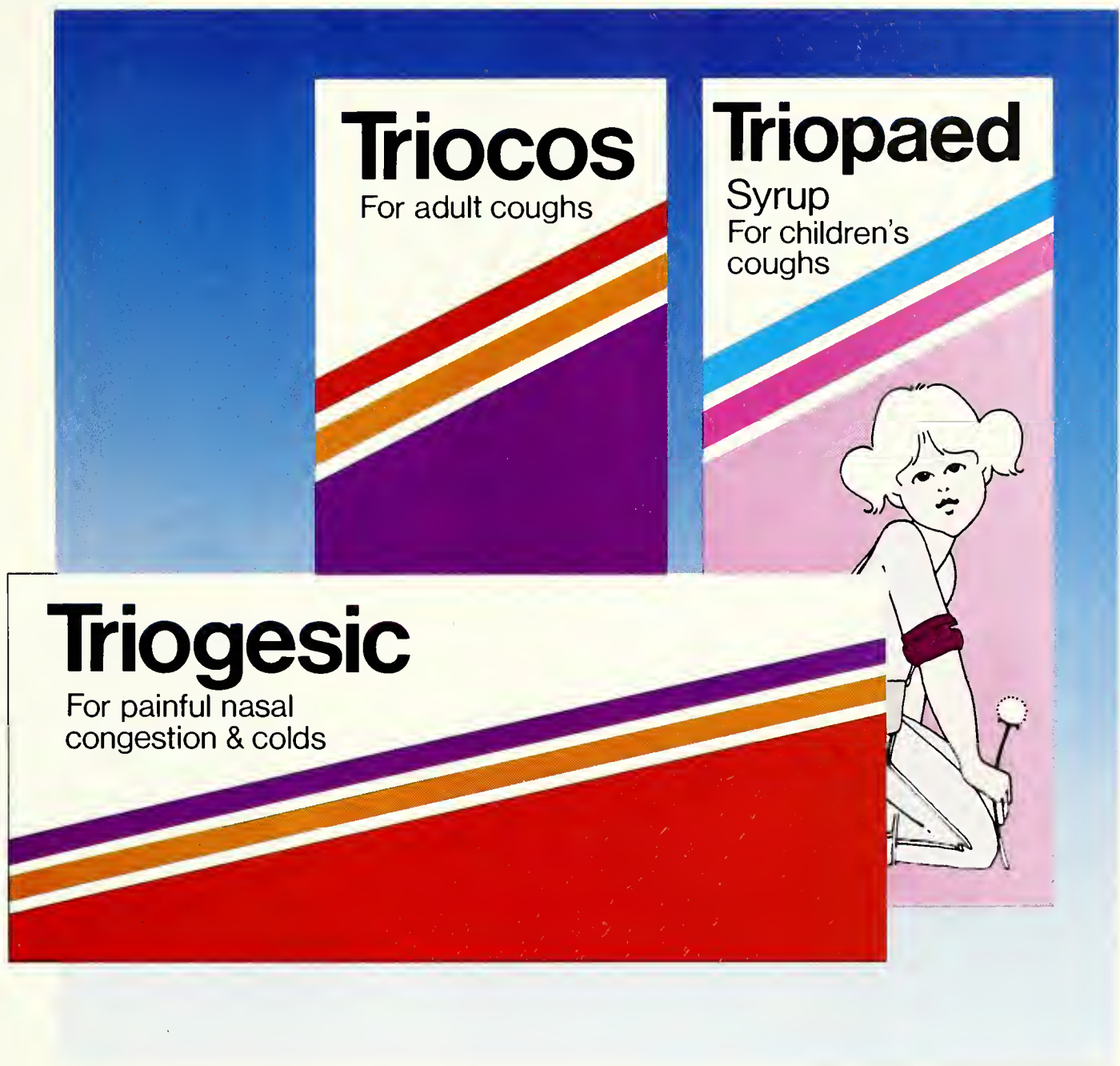
A salesforce will start calling on dentists and hygienists in October, together with pharmacists and advertising will run in the dental media to generate recommendations. *Stafford-Miller Ltd, Hatfield, Herts.*

## Derbac correction

The minimum order quantity for pharmacists of the Derbac comb is one dozen and not five outers, as stated in *C&D* September 18, p499. The margin allowed on the current offer becomes 79 per cent. *Syntex Pharmaceuticals Ltd, St Ives Road, Maidenhead, Berks SL6 1RD.*



# The Trio treatments for family coughs & colds



Triogesic, Triocos and Triopaed are **unique** products formulated to the highest pharmaceutical standards. Effective, safe and fast in action, the Trio treatments for coughs and colds are family medicines at their best. So you can recommend them with confidence.

**Trio — Sets professional standards in cough and cold care.**

**Dorsey**  
LABORATORIES

a member of the Sandoz Group





### NEW PRODUCTS.

Seven Seas now offer an even larger health food service with the addition of these new products:

**Vit-C Plus.** The first blackcurrant Vitamin C capsule ever. Provides as much Vitamin C as 100g of fresh blackcurrants.

**'Cholesterol-Free' Lecithin.** Each capsule contains 200mg of Soya Lecithin, and includes a Phospholipid, PLUS the natural 'B' vitamins, Choline and Inositol, aiding breakdown and transport of fats within the body.

**Super B6 (Pyridoxine).** Especially popular with women—both those on the Pill and those who suffer from PMT.

**PLUS:** Bran Extra and Stabilised Wheat Germ—two of the biggest selling Health Foods today. They provide dietary fibre, natural 'B' vitamins, protein and Vitamin E. Their sheer popularity is a great reason for stocking them.

### NEW PACKAGING.

The popular 'Healthitub' will be retained for the new supplements.

However, the colour schemes and design will be altered and improved to continue the distinctive Seven Seas coding system.

So brand recognition is going to be a lot easier for you and your customers.

The easy-to-swallow capsules in each tub will contain only natural colouring. They'll also be free from added sugar, starch, lactose or preservatives.

### WE'LL KEEP YOU RIGHT UP TO DATE.

Quarterly bulletins will include product reviews and a prize crossword. The Vitamin File will be constantly updated to keep you informed of developments in the health food field.



# SEVEN SEAS FOR HEALTH





## OVER £600,000 TO BE SPENT ON A MASSIVE MULTI MEDIA PROMOTION.

This promotional push over a wide range of media—the largest ever staged by Seven Seas—will increase brand awareness amongst people who are (or will become) YOUR customers. That's why you need to order Seven Seas products now – so you'll be ready when the rush comes.

## WE'RE BACKING YOU ALL THE WAY!

Our Salesforce, backed by a company with 40 years of market experience, will make regular visits on all chemist retailers, working to keep your stocks in top condition and your sales UP. Seven Seas is the market leader in Health Food Supplements, stocked by up to 90% of Britain's chemists.

We are already one of the biggest advertisers in our field—and after this promotion, we'll be even better known. That's why it makes sense to stock all the products from the market leader.

## STARTING WITH FREE IN- STORE DISPLAY MATERIAL.

That's right. Very soon now, one of our representatives will call, bringing with him FREE in-store display material just for you. This colourful, eye-catching and inform-

ative point of sale will contain a useful Vitamin Guide, plus showcards and free customer leaflets specifically related to the launch deal for our three new supplements. (The sort of material that opens the door to happier customers and healthier profits for you).

And the good news doesn't stop there ...

## YOUR CHANCE TO WIN ONE OF 16 FABULOUS PRIZES.

Yes ... as a special 'thank you' to you, our representative will also bring along details of how YOU could be the lucky winner of one of the following prizes:

4 remote control Grundig TV sets.

4 Hitachi stereo radio cassette players.

Plus £200 worth of clothing vouchers for the runners-up. So look out for your Seven Seas representative ... and look forward to healthier profits soon!

Seven Seas Health Care Limited,  
Marfleet, Hull HU9 5NJ. England

Tel: (0482) 75234



# SUPPLEMENTS FOR HIGHER PROFITS.



# We're taking a strong line with dental caries.

Dental caries is a tough customer. That's why Stafford-Miller, makers of Sensodyne, are adding the En-De-Kay brand to their leading range of oral hygiene products.

En-De-Kay is the most comprehensive range of fluoride treatments for all ages, available as paediatric drops, tablets, and mouthrinse.\* En-De-Kay brand disclosing tablets are also available.

Aggressive national promotion to dentists by our specialist

salesforce will expand the home fluoride treatment market and position En-De-Kay as the brand leader in this category.

We will be pleased to take your orders for both En-De-Kay and Sensodyne products.

Ask your Stafford-Miller representative about special introductory bonus offers - or telephone Hatfield 61151 today.

Stafford-Miller Limited, Hatfield, Hertfordshire AL10 0NZ.

\*Legal category (POM).



## En-De-Kay

The first word in fluoride treatments.  
Now from Stafford-Miller.



## Five disc cameras from Halina

Halina are introducing a range of five disc cameras in two stages. They will be priced around 20 per cent below the nearest equivalent Kodak model, they say.

All have a 12.5mm, three-element f2.8 coated lens except the cheapest model, the 108 which has a focal length of 3.5. The 108 (srp £19.95) has a manual film advance, built-in flash, dry cell batteries and "no hidden extras." The 208 (£29.95), 408 (£36.95), 308 and 608 models have motorised film advance and fold-away carrying handles, battery powered built-in flash as well as other features according to the model specification.

The 108, 208 and 408 will be introduced in December, the 308 and 608 in March 1983 (prices to be announced). Silber Ltd, Engineers Way, Middlesex.

## Press campaign for Dequadin

Dequadin throat lozenges have been given a new look. Coming in blister packaging, both the 20s and 40s packs have been redesigned although prices remain unchanged. POS material includes a showcard / mobile, counter unit and till stickers.

A £100,000 national Press advertising campaign will run from October to March.

The Dequadin relaunch coincides with the start of a Farley home medicines display incentive scheme offering clock / radio / alarms and credit card calculators as prizes. Points are awarded subject to random audit, over the nine week period October 4 - November 29 for display of the following Farley POS items: Vitaplus, Dequadin and Haliborange counter units and Minadex shelf-edgers. Farley Health Products Ltd, Torr Lane, Plymouth, Devon PL3 5UA.

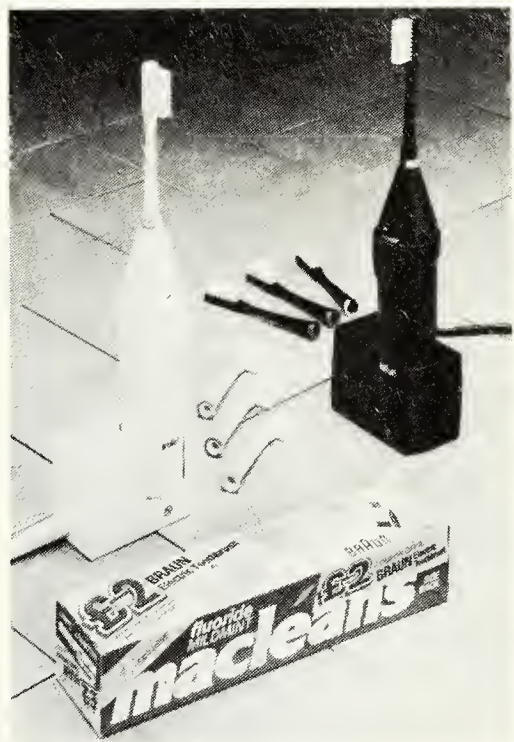
## Trial size Feminax and family Aspro

To attract new Feminax users Nicholas Laboratories are introducing a trial size pack of 10 tablets. Light or infrequent sufferers of period pain rarely need 20 tablets and recent research indicated that a 10 pack would attract new users because of its lower price (£0.65).

A £150,000 magazine advertising campaign will run in, among others,

Braun Electric have linked up with Boots and Macleans for an on-pack money-back offer starting in October. Anyone who purchases Macleans Mildmint toothpaste in a Boots branch is entitled to £2.00 money-back on the subsequent purchase of a Braun D1 or D1t electric toothbrush.

Braun's toothbrush, which is rechargeable, has a tough and shockproof body which can be washed under running water. The on/off switch is magnetic and can be removed when travelling to avoid accidental switching on. The recharging unit can be plugged into a shaver socket and adjusts automatically to 110 or 240 volts. Both the D1 (£18.95) and the D1t (£19.95) come with four brush heads and each has its own separate adhesive wall holder. Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex.



Woman, Woman's Own, Woman's World, Woman's Journal, Cosmopolitan and Girl About Town.

A family pack of 48 Aspro Clear tablets is also being introduced. The new pack will retail at £1.44 and during November and December bonus packs of Rennie and Aspro Clear will be available. The packs will be limited to the 24 tablet Rennie pack and the 18 tablet Aspro Clear pack. Fourteen individual packets will be on offer as 12.

The bonus packs will be presented in large dispenser trays and are available as long as stocks last. Nicholas Laboratories, 225 Bath Road, Slough SL1 4AU.

## Time-share holiday

Vestric and Elida Gibbs are running a joint competition which offers winning retailers a time-share holiday on the Costa Del Sol every year for life. Customers ordering nine dozen packs of specified Elida Gibbs products are asked to complete a "Mark the ball" competition form.

First prizes are two fortnight holidays, with two holidays of a single week also on offer. The holidays can be used any way the winners wish — rented out, bequeathed, sold or exchanged with another time-share owner elsewhere. Prizes also include membership of two Marbella golf courses for the initial year. Closing date for entries is November 30, and brochures and entry forms will be mailed to all Vestric customers with the October national promotions newsletter. Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.

## Vagabond bags

Vagabond Bags Ltd are terminating the arrangements whereby John O'Donnell act as sales agents from January 1, 1983. All sales will be made directly to customers by Vagabond after the New Year.

All orders placed for 1982 delivery with their sales agents will be despatched in the usual way. Vagabond Bags Ltd, 55 Grafton Road, London NW5 3EL.

## Joint Marigold and Dixcel promotion

Dixcel are mounting their biggest ever on-pack promotion by joining forces with Marigold household gloves. The promotion invites consumers to submit four tokens collected from special Dixcel offer packs, in order to receive one pair of Marigold Extra housegloves free. Alternatively seven tokens can be submitted for two free pairs of gloves. There are three sizes to choose from, and in each case British Tissues pays the return postage. The offer closes on March 31 1982. British Tissues Ltd, 101 Whitby Road, Slough, Berks SL1 3DT.

## Free towels

During October packs of Dr White's will be marked "2 towels free". Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.



# IS HE OR ISN'T HE?

He is a Harmony stockist, of course.

And we're spending £500,000 over only three months on a great new 'Is she...or isn't she?' television campaign that will put an even bigger smile on his face.

Because that's the heavyweight support the unquestioned No.2 in hairsprays warrants.

Make sure you don't miss out on the action.

**BIGGEST BRANDS** ✓

**BIGGEST SALES** ✓

**BIGGEST PROFITS** ✓





Now a £500,000 campaign on TV over just 3 months.

FROM THE BIGGEST NAME IN TOILETRIES. **ELIDA GIBBS** ✓



## From shampoos to shelving...

The first Chemex retail chemists' exhibition is to be staged at New Kensington Town Hall in London October 3-6. The exhibition is open 11am-7pm on Sunday and 12 noon-9pm on Tuesday and Wednesday. Here *C&D* presents a guide to the new products on show.

### Alpa

Alpa are offering £25 worth of goods free with each floor stand, plus stock, of their Alpa hair accessories. All items are carded and many hand finished. Five units of each item on the stand is supplied and in assorted colours.

A new line of "mix and match" accessories are to be found on **stand 49** — pairs of hair slides and side combs/slides. *Alpa, 253 Whitechapel Road, London E1.*

### Apeils

Apeils Contracts are introducing a new range of space-saving pharmacy drawers to the UK market. Fama drawers, designed to complement the Umdasch range, are available in various sizes and configurations and are all provided with adjustable cross dividers and markers. The drawers, which can be seen on **stand 17b**, are easy-glide and fully extendable even when heavily loaded. Quotations and general advice can be obtained from the company. *Apeils Contracts Ltd, Unit F, Dalroad Industrial Estate, Dallow Road, Luton.*

### Beanstalk

Shopfitters Beanstalk Shelving have produced "The Retailers Book" — a collection of practical advice and information on store design and display. The book aims to help the retailer in deciding how his shop measures up to those of his competitors, and will be available free from **stand 59**. Alternatively copies can be obtained, for £0.50 p&p, from *Beanstalk Shelving Ltd, Chichester, West Sussex PO19 2TZ*.

### Ceebrite

A new shampoo range from Ceebrite packed in 250ml pump-dispenser can be found on **stand 83**. The Shampress shampoos retail at £0.99 in rose creme, herbal, egg lemon and coconut flavours. A 10 per cent discount will be given on orders placed at the show. *Ceebrite Ltd,*

*New Hertford House, 96 St Albans Road, Watford, Herts.*

### CPM (UK)

Clarke Proprietary Medicines are showing a range of repackaged analgesics on **stand 25**. The new, blister-packed aspirin, paracetamol and soluble aspirin are all available in 24s, 48s and 96s. Prices for aspirin are £0.28, £0.39 and £0.65, and for paracetamol and soluble aspirin £0.41, £0.62 and £0.97. An introductory buy-in giving 15 for 12 is also available. *Clarke Proprietary Medicines (UK) Ltd, Mansard House, Horseshoe Road, Pangbourne.*

### De Witt International

De Witt International Ltd are exhibiting the 1983 range of Pediform comfort footwear (**stand 42**). Pediform are fully contoured to support and comfort the feet, say De Witt, and are distributed exclusively through chemists. *De Witt International Ltd, Seymour Road, London E10 7LX.*

### English Grains

The six-strong Grangewood range of herbal medicines (£1.69) remedies comprise film coated tablets blister packed on foil strips.

The company believes there to be a growing need for self medication and an increasing interest in alternative medicine. To support the launch, they are providing shelf and counter units, and running a £175,000 advertising campaign between now and March 1983. The products appear on **stand 72**. *English Grains Ltd, Swains Park, Park Road, Overseal, Burton-on-Trent.*

### Honeyrose Products

Honeyrose are showing a multivitamin supplement they say has been specially developed for smokers, on **stand 50**. ABC multivitamins soft gelatin capsules retail at £1.99. A herbal breath freshener capsule with "no sugar" containing peppermint oil and menthol to sell at £0.59 for 20 capsules, comes in outers of 12. Two new flavours of the sugarless fruit bar — apple and honey and fruit and apricot (£0.25) — complete the new products shown by *Honeyrose Products Ltd, Creting Road, Stowmarket, Suffolk.*

### Interhealth

On **stand 28** Interhealth Ltd have a number of special introductory items on offer for the following ranges: Nelson Homoeopathic Products, Modern Health Products Ltd and Creighton Laboratories. *Interhealth Ltd, Phoenix Works, Davis Road, Chessington, Surrey.*



*New blister packs and display cartons for Freflo teats feature the distinctive blue and yellow livery of the company's new corporate style, as shown above. *Lewis Woolf Griptight Ltd (stand 22), 144 Oakfield Road, Selly Oak, Birmingham 29**

### Barry Mero

Barry Mero's new range of nail paints, lip paint and eye powders (£0.99) will be exhibited on **stand 73**. The nail paints are available in 72 choices of cremes, pearls and pastel shades. There are 36 colours in the lip paint collection, which appears in Barry M's "unique" case. Natural Dazzle face and body powder will also be exhibited, but no final decision on a recommended price has yet been made. The range is intended to stimulate impulse purchase, and "compact and space saving" counter units are available. *Barry Mero Ltd, 36 Brixton Road, London SW9 6BU.*

### MCL Services

A new range of French cosmetics designed for contact lens wearers and those with sensitive eyes is to be introduced to the UK market. The Airella collection — on **stand LDU3** — includes an eye-liner pen (£1.55), make-up remover (£3.15), facial cleansing lotion (£3.20) and smoothing cream (£7.00). The range is completed by

*Continued on p615*



# Pharmacists can now recommend a clinically proven cold treatment

## Benylin<sup>\*</sup> DAY AND NIGHT Cold Treatment

PROVEN  
EFFECTIVE



Effective relief of cold symptoms requires a treatment that really works. A recent clinical trial<sup>†</sup> demonstrated the effectiveness of BENYLIN Day & Night Cold Treatment.

<sup>†</sup>A randomised double-blind trial in General Practice comparing the efficacy of BENYLIN Day & Night Cold Treatment and Paracetamol in the treatment of the common cold.

Middleton RSW Brit. J. Clin. Pract. Vol 35 (9) 297/300 Sept. '81

**PARKE-DAVIS**

part of the Warner-Lambert Group

good products for you and your customers

\*Trade Mark R82196

Benylin Day and Night Cold Treatment is available in display outlets containing 24 retail packs.  
List price to pharmacist per retail pack 55p  
Price to public per retail pack 95p  
(inc. VAT at 15%)

**Composition:**  
Each yellow (daytime) tablet contains:  
Paracetamol Ph. Eur. 500mg  
Phenylpropanolamine hydrochloride B.P. 25mg  
Each blue (night time) tablet contains:  
Paracetamol Ph. Eur. 500mg  
Diphenhydramine hydrochloride B.P. 25mg

**Indications:**  
For the relief of the symptoms associated with colds and influenza.  
**Adult Dosage:**  
Four tablets should be taken daily - three yellow tablets during the day and one blue tablet at night. Take only one tablet at a time and only at the times of day indicated on the pack.  
Do not take the night-time tablets during the day.  
**Children's Dosage:**  
Not recommended for children under 12 years.

**Contra-indications/warnings etc.**  
Hypersensitivity to any of the constituents. Paracetamol can cause skin rashes, dizziness and palpitations. Caution should be exercised in patients with hyperthyroidism, hypertension, cardiac dysfunction, diabetes mellitus and liver disorders. Benylin Day & Night Cold Treatment should not be used during treatment with M.A.O.I.s or for two weeks after completion of therapy. Do not exceed the stated dose - An overdose is dangerous - medical attention should be sought immediately. May cause drowsiness. If affected, do not drive or operate machinery. Not to be used in pregnancy. Avoid alcoholic drink. If symptoms persist, consult your doctor.

**Legal Category P**  
**Product Licence Holder:**  
Parke Davis & Company, Ux Road,  
Ponytpool, Gwent, NP23 5YH.  
Telephone: (049 55) 2456.  
Product Licence No. 0016/0115



# Add more sparkle with New Li

**Natural Lime Flavoured 1g effervescent Redoxon**  
**the Redoxon range, and new profits for you.**



**X** Ask Colin Hyne for details of our fabulous  
£1500 authentic 'pieces-of-eight' Treasure Hunt and Redoxon  
special discounts. Tel: Welwyn Garden 28128, Extension 2822.

J720139/982

## Reap all



ROCHE PRO



# ...e to your profits ...ne Redoxon.

... new sparkle to



## ...e rewards of Redoxon Vitamin C.

...TD. PO BOX 8, WELWYN GARDEN CITY, HERTFORDSHIRE, AL7 3AY. TEL: WELWYN GARDEN 28128.

**Redoxon**

REDOXON = Trade Mark



## Look beyond 'scientific solutions' for addictions

In this year's Conference lecture Professor Griffith Edwards challenged pharmacists to look beyond purely scientific solutions to sociological problems. Using addiction to alcohol and drugs as a model, he traced the complex routes that led to the end product — the addict — and invited "our profession" [medicine and pharmacy] to invest in diverse basic research in economics, sociology, anthropology and psychology in addition to the biological and clinical.

Professor Edwards said scientists usually sought a "technological fix" to treat alcohol dependence, for example, or a "pill for every ill." However, he confessed that he was shy of making that approach: "We cannot understand an alcoholic's problems within society without first understanding that society."

He drew attention to the economic implications of the disease of alcoholism in the UK. The Government gathered 6 per cent of its tax revenue from alcohol; consumers spent 7½ per cent of their total budget on alcohol, 25 per cent on food and drink. Around 100,000 people were engaged in the production of alcohol and a further 600,000 in its sale and distribution. Capital investment in the industry was at a rate of £100m over a three-year period. "Society has an investment in the sale and marketing of this drug," he said.

### Death — 'robust indicator'

Earlier, Professor Edwards considered a table illustrating the direct relationship death from cirrhosis of the liver had to the consumption of alcohol and arrests for drunkenness in the UK between 1860 and 1980. Death was a "robust indicator," said Professor Edwards, but why had alcohol consumption peaked and troughed without an Act of Parliament? He did not know, but suggested that the consumption figures were relevant to society and to the nature of the disorder he was trying to describe.

### 'Cost' of alcoholism

The speaker gave estimates for the "UK cost" of alcoholism — at March 1981 prices, somewhere between £698m and £1,064m. The suffering and death it caused were more difficult to quantify. Nevertheless governments could see the overall balance of such costs to taxes gathered as "cost effective."

Home Office statistics detailing the

increase in registered drug addicts from 470 in 1961 to 6,157 in 1981 showed a 12-fold increase in 20 years. Professor Edwards said there was no straightforward explanation for this: he suspected it was "vastly complex." Perhaps the synapse or cell membrane should be examined.

### Suspicious scientists

Scientists were suspicious of examining sociological causes that could drive the young to drug dependence. They doubted "cant and posh explanations" and would have reservations about funding research asking such "dangerous questions."

"Only when we can understand our society with sympathy rather than judgement will we be able to deal with our problem," he said. Drug dependence involved tolerance, withdrawal, learning and craving. How was tolerance learnt or physically determined — was it through synapses and cell membranes? Craving was behavioural and there were learning processes at work in the genesis of dependence. Professor Edwards then listed the significant factors in the "alcohol dependence syndrome" and also various clinical indications and drugs able to modify the addiction.

### 'Blocks to progress'

"Blocks to progress" were set out, although the speaker admitted they might seem to be "quirky." The term "addiction" was itself abstract and addicts were regarded as psychopaths with individual disorders — not as members of a disordered society. While many people didn't believe there was much addiction around, others said it was "very interesting but . . ."

Various "cruel and sickly" remedies had evolved, ranging from imprisonment, brain surgery, ECT and aversion therapy, to candle making, nude massage and dressing up as Romans. (Professor Edwards promised to give a full and



CONFERENCE  
LECTURE

scientific lecture on the "dressing up as Romans" treatment on another occasion, if asked!)

The way forward was challenging. There must be investment in diverse aspects of basic research economics, anthropology, sociology, psychology and "our" sciences — this was essential. New drugs were needed, together with psychological, biological and clinical research but the economics etc could not be separated off. "We have to pursue current needs. There are many current needs," he concluded.



*The scene stealer and scene setter of the Edinburgh Conference piped onto its stage a rich mixture of personages and Scottish fare. The persons included the banquet speakers and top table guests — the fare was the redoubtable and delectable haggis, over which the piper recited a poem, before dissecting it with his dirk*



# A healthy New Profit-Booster from Redoxon

**New chewable natural orange flavoured Redoxon Vitamin C tablets.\***

These refreshing new Natural Orange Flavoured Tablets will boost sales and profits. Ask Colin Hyne, Extension 2822, for details of the special discounts and fabulous authentic 'pieces-of-eight' Treasure Hunt Competition.



\* Available as the equivalent of 250mg ascorbic acid BP in packs of 100 tablets, and 0.5g in packs of 50 tablets. Trade price, £0.85 each pack.

## Reap all the rewards of Redoxon Vitamin C

ROCHE

ROCHE PRODUCTS LTD, PO BOX 8, WELWYN GARDEN CITY, HERTFORDSHIRE, AL7 3AY. TEL: WELWYN GARDEN 28128.

Redoxon



# What are you sell Compl



A MUG.



# if you don't n flavours?

Perhaps we're being a bit unfair.

After all, if you don't sell Complan  
avours, you don't know their sales were  
up 16%\* last winter.

Strawberry sales were up.

Chocolate sales were up. Butterscotch  
ales were up.

And many shops kept selling out.

This winter, our sales will go up  
even faster.

Because starting on November 9,  
we're running our biggest-ever TV  
campaign for Complan.

And we've reformulated Strawberry  
and Chocolate so they taste even better.

Maybe, though, we should make a  
new flavour for those of you who don't  
sell any of them.

Bananas.



## Substitution threatens new wave of discovery

Giving pharmacists the right to substitute generic drugs on prescriptions would do enormous damage to the drug industry, Dr Richard Arnold, director, Association of the British Pharmaceutical Industry, said last week. Both research-based companies and the generic sector would suffer, he thought.

Such a move would destroy the confidence of companies considering whether to invest in the UK and loss of export earnings alone would represent far more money than would be saved. Other moves that could result in harmful, lasting effects on UK investment included undue pressure on doctors to restrict their prescribing — for example by removing some products from the Drug Tariff or giving the British National Formulary a mandatory character — and allowing only those new drugs which had advantages over existing products to be available under the NHS.

At least 60 per cent of ABPI member companies were foreign-owned, said Dr Arnold, and escalating costs meant that research-based companies were having to be more selective as to the countries in which they concentrated their R&D investment. In the past the UK had attracted a large share of foreign investors because of the generally realistic policies of a succession of governments. That confidence was being threatened by some of the suggestions put forward to cut the drugs bill.

### The 'revolution'

Dr Arnold was speaking at the Office of Health Economics 20th anniversary symposium on "The second pharmacological revolution". Opening the symposium, Professor George Teeling-Smith, OHE director, said he foresaw an entirely new phase of pharmacological innovation emerging to overtake the original therapeutic revolution of the past 40 years. Whereas the first revolution was based on intercellular or tissue biochemistry, the second was based on an understanding of intracellular chemistry. New developments were likely to come in the form of progress against virus diseases, cancer and auto-immune diseases such as early onset diabetes, multiple sclerosis and possibly rheumatoid arthritis. The second revolution would take over as the products of the original therapeutic revolution became available as cheap patent-expired generics.

It was often argued that the industry was facing such a hostile environment that its growth would inevitably be stifled, Professor Teeling-Smith continued. The industry was sometimes accused of "crying wolf" but this was not surprising. "There are indeed a pack of irritable wolves snapping at their ankles: for example, governments wanting cheap drugs; social security schemes and even some pharmacists calling for generic substitution; and consumerists pressing the regulatory agencies to pursue the chimera of absolute safety for medicines. It is understandable that the pharmaceutical manufacturers feel that their record of innovation is threatened".

However, Professor Teeling-Smith was optimistic that the "angry wolves" could be kept at bay by the new pharmacological revolution.

Looking at the economic challenge for the European industry, Mr Otto Nowotny, economic adviser, Hoffmann-La Roche, Switzerland, said that against a background of negative factors such as registration delays, rising costs, weakening of patent protection, volume and price controls, and abolition of brand names, there were a number of positive factors. One was increased population. Mr Nowotny predicted that by the year 2,000 there would be 2,000 million more people, 90 per cent of whom would be living in today's developing countries which would have increased their share of the world population from about 75 per cent to about 80 per cent. To supply more people with medicines would need an increase in the industry's production but the product range would have to be adapted to the needs of the Third World. Problems of distribution and lack of funds would need to be overcome to improve these countries' access to drugs.

### 'Don't discredit minor progress'

Other factors likely to create more demand for medicines were increased longevity and better drugs. Some critics dismissed most new drugs disdainfully as "mere molecular manipulations worth neither the money nor the time involved". But, said Mr Nowotny, all human progress was slow and progress in pharmaceuticals was mostly a step-by-step affair in which the differences between existing drugs and their successors were not as apparent as the non-specialists would like. "It is only with the passing of time that we begin to realise that slight

improvements here and there have finally constituted an important step forward. Discrediting of minor progress ultimately stops all progress," he said.

Mr Nowotny referred to a leaflet persuading patients to avoid overconsumption of medicines, distributed by health insurance groups in Switzerland in co-operation with several pharmaceutical companies. Such a leaflet might have "sent shudders down the spines of some hard-boiled pharmaceutical marketing men" a decade ago but now reflected the "enlightened self-interest" of international companies. The industry was not interested in seeing its products used in unreasonable quantities because overuse of medicines was detrimental to the health of patients and thereby to the long-term health of the industry.

Mr Nowotny concluded that only if the negative factors were kept to a minimum could the positive factors influence the industry's development and enable it to explore the exciting possibilities drugs could offer in the future.

### Scapegoats

Mr F. Fowkes, presenting a paper on behalf of Mr Lewis Engman, president, American Pharmaceutical Manufacturers Association, gave a US view on the economic challenge. Although drugs saved more money than they cost, the tendency of politicians to make drug firms scapegoats for general cost and budgetary problems could get worse before it got better, he predicted. If the breakthroughs promised by the second pharmacological revolution were successfully brought to market, one effect could be to increase the percentage of national health care spending on drugs rather than, for example, hospital treatment. He feared that these increased drug expenditures would lead to politically-inspired regulatory reaction which would slow down the rate of new product introductions.

Price controls were one example of ill-advised regulatory intervention, he continued. It had been proved many times that in a free economy, in peace-time, price controls reduced current supply and the investment that determined future supply.

Strong patent protection was vital to continued innovation. Drug research had "all but ceased" in Canada where compulsory licensing had been introduced. The consumer had every right to demand competitive prices, Mr Fowkes said, "But the competition that most effectively reduces prices is the

*Continued on p602*



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## **MENTADENT P BUILDING BACK THE MARGINS.**



Continued from p598

## The dangers of 'free rides on research'

competition provided by new and better products. Nothing drives down the price of a good, old drug as fast, or as far, as the emergence of a better new drug. Nothing ensures the rapid reduction of that new drug's price so effectively as the pressure it puts on competitors to discover a drug that is newer still and better yet."

Mr Fowkes cited India and Sri Lanka as countries which had imposed stringent controls on the pharmaceutical industry only to find its resources seriously weakened. Bangladesh was proposing to prohibit sales of all but those drugs deemed to be of greatest value. Action by this country alone might not be significant, apart from shifting costs to consumers in other countries. But if Bangladesh opted for "a free ride on research", so would other countries and by the time the increased costs achieved critical mass it would be too late to avert the damage.

Describing the prospects for Japan, Mr Shinbei Konishi, chairman, Takeda Chemical Industries Ltd and Lederle (Japan) Ltd, said his country had become the second largest producer and consumer of pharmaceuticals in the free world, after the United States. Although Japanese companies would become more active in international trade they were unlikely to dominate the world drug market in the same way Japanese companies had dominated the automotive and electronics industries. Imports still far outweighed exports. Companies would continue to increase their investments in R&D but a large percentage of their research achievements would be licensed to foreign companies for overseas markets in exchange for the licensing of foreign products in Japan. Only a few would "put up their own flags" in developed countries. The research emphasis would move from antibiotics to drugs useful in diseases associated with ageing.

Mr Konishi described a compensation fund set up in 1979 for patients suffering from serious adverse reactions to prescribed drugs. Manufacturers paid into the fund 0.01 per cent of their annual sales, based on drug prices set by the health insurance system. Payment from the fund was suspended if a company was found to be negligent and therefore liable for the damages.

During a session on "The role of the regulators," Dr Arthur Hayes, Jr, Commissioner of Food and Drugs, US Department of Health and Social Services, said that countries throughout the world must co-operate much more in sharing data on adverse reactions, in

devising common regulatory techniques and in incorporating the best science possible into clinical testing. "We can no longer afford national or parochial attitudes about the regulatory process," he said. "Drug development has become a truly international endeavour."

Next Spring the Food and Drug Administration was hoping to introduce changes to speed up the vetting of new drug applications. There would be a new appeals process for resolving disputes between FDA reviewers and drug companies, the FDA would place a broader reliance on data from foreign studies to avoid duplication of trials, and deadlines would be set for the review procedure. Consumer safety would be enhanced by strengthening post-marketing surveillance; there were proposals for a 15-day "alert report" of any fatal or life-threatening drug reaction and 30-day reporting for the rest.

### Tests need rethinking

Dr Stuart Walker, director, Centre for Medicines Research, thought that there was need for a critical evaluation of the animal toxicity tests required at present, with a view perhaps to replacing some of them with post-marketing surveillance. There should be better methods of making risk: benefit assessments and the public and politicians educated to accept that no drug was completely safe.

Dr William Wardell, associate professor of pharmacology, toxicology and medicine, University of Rochester, USA, agreed there was a need to educate the public about industry's problems and the possible solutions because the public were the ones who ultimately controlled industry's incentives and regulation.

Professor Colin Dollery, Royal Postgraduate Medical School, Hammersmith, pointed out that pharmaceutical companies were not always the originators of new drugs; industry fed on new knowledge of the biological sciences discovered by the universities and it was therefore foolish to cut university resources.

Dame Elizabeth Ackroyd, chairman, Patients' Association, said that consumers expected two main responsibilities of the drug industry — that testing of compounds before they were marketed should err on the side of over-caution and that no patient should be involved in a clinical trial without his or her informed consent. The Patients' Association was "unashamedly hostile" to relaxation of the regulatory system.

Another responsibility was to ensure that patients were given adequate information about their medicines and Dame Elizabeth thought patient package inserts would be a useful development.

## Medical advances

Wellcome Foundation are investigating a new anti-inflammatory agent, BW755C, with possibly a novel mode of action, Dr John Vane, group director of R&D, told the symposium. It has a greater anti-inflammatory effect than aspirin-like drugs and dexamethasone and appears to inhibit production of leukotrienes, thought to be mediators of asthma and inflammation.

Leukotrienes are metabolites of arachidonic acid, which is broken down by other pathways to form prostaglandins, prostacyclin and thromboxane A<sub>2</sub>. Aspirin-like drugs block only this latter pathway whereas BW755C seems to inhibit both.

Another important lead in the treatment of inflammatory diseases, including asthma, was the discovery that cells secrete a "messenger" protein called macrocortin in response to steroids. Macrocortin inhibits the enzyme responsible for cleaving arachidonic acid from its phospholipid stores in the cell membrane and therefore prevents its breakdown to inflammatory substances.

Work with prostacyclin as an anticoagulant continues to show promise, said Dr Vane. It had greatly improved survival rates in patients with liver failure undergoing charcoal haemoperfusion. In Poland, 10 patients with ischaemic stroke had shown dramatic improvement after prostacyclin infusion.

There was also evidence that prostacyclin had a general, as yet undefined, mechanism of cell protection, for example, it reduced infarct size in some experimental models.

Professor J. R. Batchelor, Hammersmith Hospital department of immunology, described recent research into the immune response. It was now possible to identify individuals who were at risk of developing certain auto immune diseases, for example, insulin dependent diabetes is highly associated with certain HLA genotypes. There was a suspicion that childhood infection with pancreotropic viruses, such as Cocksackie, could precipitate diabetes. If those people genetically at risk of developing the disease could be identified they could then be immunised against the virus.

Similarly, certain drug side effects such as development of lupus after treatment with hydralazine were significantly associated with the presence of HLA antigens. If identified, these susceptible individuals could be given alternative treatments.

Another area of medical research showing promise for the future was genetic engineering. Dr W. N. Hubbard, president, Upjohn Co, USA, said that the most important contribution of biotechnology for a long time to come could be the development of rapid and accurate diagnostic methods such as radio labelled tumour specific antibodies which could be used to identify malignant cells.



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## A two-part future in the community?

Two kinds of pharmacy may exist in future — those near to surgeries with high volume dispensing and those providing a community-based personal service. That is the prediction Mr Raymond Dickinson, deputy secretary of the Pharmaceutical Society, spelled out to the Lincolnshire conference. An extract appears below.

The pharmaceutical service is concerned primarily with the supply of medicines and with direct dealings with the public. The location of pharmacies is therefore critical. I believe that the trend towards more, reasonably large group surgeries, will be maintained and this points to two principal types of professional service from community pharmacies.

The first, within or near to group surgeries, will have emphasis on dispensing. The second, situated within the community some distance from the surgeries, will emphasise a direct relationship solely between the pharmacist and the public. Both types of service are equally important in primary health care.

### Even distribution

Patients have a right to expect an efficient dispensing service close to their surgeries. However, without the pharmacists' supply and advisory service direct to the public, which needs to be evenly located throughout the community, the general medical services would collapse under the strain.

With the growth of large medical practices, leap-frogging has become a destructive force — it can totally destroy the viability of a satisfactory community service. No-one should question the need to provide some form of safeguard for efficient pharmaceutical services as part of community health care, which is now regarded as a social necessity. However, there can be no prospect of introducing a system in which there is one pharmacy for a given number of population or area, since this would be too restrictive for contemporary British politics to support.

Influencing public and governmental opinion is dramatically affected by the personal experience of each decision-maker, and the success of a corporate advertising campaign, or of continuous public relations activity, depends entirely on the nature of the product being promoted. It is certainly not good enough to say that the pharmaceutical service, like the curate's egg, is good in parts. In these days of increased expectations, the consumer demands a product of

uniformly high standard. The reputation of the product is destroyed if even a proportion is below standard.

The public have a right to expect the appearance of the premises in which we practise to give an indication of the nature and standard of the professional service available. It is therefore indisputable, to my mind, that the community pharmacy should stand out among retail establishments and the appearance should leave the public in no doubt that there is a professional, as well as a retail service.

Inside, the public should be immediately aware of that part of the premises in which professional service is given.

There must also be a minimum acceptable standard for the environmental conditions associated with the supply of medicines, as is the norm for supplies of other consumables. The "Guide to Good Dispensing Practice" has been used with considerable persuasive success by the Society's inspectors in recent years, but there is one substantial drawback. If a pharmacy owner persistently refuses to meet these minimum standards, the only recourse is through the Statutory Committee. This is a cumbersome and protracted procedure for this purpose — the answer lies in Section 66 of the Medicines Act by the implementation of a simple Regulation stating that minimum standards must be maintained. This would allow the profession to continue to look after its own affairs.

### Computer revolution

Within a few years, computer technology will have changed our professional practice beyond recognition. Pessimists say computers could replace pharmacists, but this is not a good assessment of the situation. It could be, however, if pharmacists were content with a purely distributive role. Unless the pharmacist has a personal and justifiable service to give to the public in relation to medicines, then the computers could, and probably will, take over.

The computer must not be feared, but used, to underpin the personal services pharmacists can give to both the public

and to the other health professions. This means that pharmacists virtually have a professional obligation to understand how computers can be used in pharmacy. If they do not, they will be left behind before the end of this decade.

The profession is already involved in talks with the medical profession about the need to have local computerised medication records to which doctors and pharmacists have access. This will make the development of patient records in pharmacy a more feasible proposition and, eventually, the records could include both prescribed and purchased medicines. This will require strict rules of confidentiality, but pharmacists are no strangers to such a concept.

### Medicines advice by TV

Additionally, we must expect an explosion of information — computer-based and transmitted by television directly into the home. Inevitably this information will contain advice on health matters and on self-medication — which could be a stimulus for more discussions between pharmacists and the public.

Of course, the pharmacist should continue to have a duty to ensure that medicines are accurately dispensed. However, I believe the principal contributions in the future will be ensuring that the doctor has been given any necessary advice about the prescription (cf the Migril case), that the patient fully understands how to take the medicine to get the maximum benefit, and that the patient is aware of any necessary precautions. All these activities require the pharmacist's knowledge and expertise.

The Society has established a working party to produce guidance on information that should be given to patients, but in addition to national guidelines pharmacists and doctors within a locality should have a clear understanding and agreement on the type of information that patients receive. The advice given by pharmacists must complement the intentions of the prescribers.


In summary, the pharmacist's future contribution in relation to prescribed medicines will depend much more upon direct personal relationships with both the prescriber and the patient. If this is not *seen* to be indispensable to patient care, then the machines could have their day.

The sale of medicines requested by the public will continue to be a main part of the community pharmacist's service, but how many medicines will be sold elsewhere? This depends to a large extent upon the way in which pharmacists are involved in the sales.

It is not sufficient for us to say that the reason why medicines should be sold from

*Continued on p607*





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## Take initiative in medicines sales — or lose monopoly

pharmacies is that there is a pharmacist present should the customer wish to have a professional opinion. The logical extension of such an argument is that patients can buy their medicines from any outlet and need go to a pharmacy only when they need a professional opinion. If pharmacists wish to justify their right to have more medicines restricted to sale in pharmacies, they must demonstrate clearly that they are prepared to be in a position to take the initiative, whenever it is in the patient's interest. It is our job to persuade the legislators that the public needs a real safeguard in relation to medicine purchases.

### Why supervise?

It has been suggested that the current supervision requirements for the sale of medicines might be unnecessarily severe and could be replaced by motivating all pharmacists to practise an advisory role in relation to medicine sales. But why does the Medicines Act say that the sale of all medicines, except those on the GSL list, should be restricted to pharmacies? It can only be in the public interest if the professionally-trained person is aware of sales and is able to take action if necessary. I hope that the profession will be in no doubt that pharmacists will retain their legal monopoly to sell certain medicines only if they continue to be involved personally with such sales in a positive, viable and sensible manner. There must also be satisfactory means of enforcement if such a legal monopoly is to be maintained.

The same philosophy will apply, but even more so, if certain prescription-only medicines are made available through pharmacies, on the pharmacist's professional judgment. There appears to be support for the idea in the Medicines Commission and it is under active consideration in the Society. I believe we have to identify those POMs which will help pharmacists to more effectively carry out their role in responding to described symptoms. However, because of the nature of the products, the supplies, and the reasons for them, will need to be recorded, and perhaps there should be some formal contact with the patient's doctor.

A Society working party has provided the ground rules for response to patient's symptoms in an attempt to help young pharmacists fulfil their responsibilities. The emphasis here was on the first decision which the public has a right to expect, namely whether an immediate medical consultation should be advised. I believe this means that the activity cannot be delegated to a member of staff, even if they have been given some special

training. I believe it is one of the most important professional activities of the community pharmacist.

Many aspects of health education do not involve medicines but nevertheless the pharmacist is ideally placed within the community to give this primary health care service. We have the "chicken and egg" debate about payment, but I suggest that if a positive attitude is adopted, there will be sufficient increase in customer flow within the premises to satisfy even the financial sceptics. In due course, if health education becomes fully recognised as part of the pharmaceutical service, there is no reason to believe that it should not be built into the remuneration arrangements. Indeed the concept of the basic practice allowance is already one significant step in this direction.

The Society has a working party reviewing the education and training of pharmacists, both as a requirement for registration and as a career obligation. This is involving consideration of whether pharmacy should adopt a period of vocational training, after registration, before positions of sole responsibility can be held in community and hospital pharmacy. Such a concept has long been established within the medical profession in hospitals and more recently has become part of general medical practice.

### College of Practice

In medical practice, membership of the Royal College of General Practitioners has become closely associated with the vocational experience requirements. Our College of Practice has the overall aim that College membership should become the automatic next step for all pharmacists after registration. Not only will membership demonstrate an acquisition of knowledge and experience in a particular aspect of practice, but it will also indicate a commitment to continuous updating. Without such a demonstrable commitment on behalf of all pharmacists, our place as a health care profession will be brought into question.

Finally, the Clothier proposals. They have been accepted by both professions as a compromise which will at least prevent major damaging and precipitous changes in the future. They will also facilitate an objective review of the classification of rural areas. We are still debating whether the draft regulations properly reflect the original agreement. I earnestly hope that with goodwill on both sides, we will see the regulations quickly implemented. If we fail on this occasion and Clothier goes into the dustbin we will be back to square one — still faced with the tremendous problem of persuading a Secretary of State to make changes which are not

agreed by the two professions — and we previously laboured 20-25 years on that road.

### Discussion

During the discussion, Mr Noel Baumber, Grantham, asked whether pharmacists could expect the Government to assist pharmacists to computerise, as they were doing for doctors. Mr Dickinson hoped so but would not be while computers were being used for stock control. If and when they became part of the patient medication record system, PSNC could argue they were a capital cost. Mr Baumber also asked about improved methods of educating pharmacists who, he said, felt isolated in their businesses. Mr Dickinson agreed that only a proportion of pharmacists attended courses. In addition to the Leicester distance-teaching project there had been an experiment in Scotland, which would probably go nationwide, and the possibility of an Open University programme was being investigated. In one Canadian province, the pharmacist automatically received a course as part of his registration fee.

When lack of government funds was raised, however, Mr G. K. Benton, Bardney, found it disturbing pharmacists should need to be "bribed" into postgraduate education by the State.

Mr John Button, Boston, asked about the effect of free movement of pharmacists in the EEC and was told the draft directives were being held up, with the German and Greek Governments now opposed to the principle of geographical distribution of pharmacies — which many others saw as a necessary pre-requisite before free movement. If this question were not resolved the directives could be shelved, leaving pharmacy as the only health profession without free movement. Although there was over-production of pharmacists in France (particularly) and other countries, the same applied in other professions, yet the amount of movement had been small.

Mr Baumber also asked about Council's opinion of pharmacies in stores and was told that they could not be prevented legally, having been there for many years. It was up to the controlling pharmacists to ensure that the departments were distinctly pharmacies and that they stood out as professional establishments.

Mr P. Norton, Lincolnshire, attacked the Clothier compromise decision which would allow option forms to be signed in the doctor's surgery. He thought pharmacists should forget Clothier ever existed.



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## Keeping an eye on things affecting the 'bottom line'

Timely advice for contractors with cash-flow problems was given to the conference by Mr Brian Dosser, finance and administration officer of the National Pharmaceutical Association.

There is no shortage of competition for your OTC trade and to compete you need to be well informed.

If I were to ask you if you know how much money your business is making I am sure you would answer yes. However, if I asked whether you know on a month to month basis, I suspect many would answer no. You will probably know your takings each day but do you know what profit margins they contain? How much your special offers have reduced profits? Would you know how each product group contributes to your results?

Make sure the system you use to provide product performance analysis is sophisticated enough to help you make the right marketing decisions.

If your shop is looking jaded, consider a refit (the NPA has a specialist pharmacy planning department). With high interest rates many people have not felt inclined to borrow money for shop refitting or refurbishing. This may not necessarily have been the correct decision. A £15,000 shop refit may well be capable of increasing your turnover by 10 to 20 per cent or more. If the turnover increase is at the higher figures then even at 18 per cent interest rate the refit has a pay-back period of four years and becomes worthy of consideration. By the new year basic bank lending rates are likely to reach single figures — now is the time to plan.

### Long-term finance

Now is also a good time to look at long term financing. With interest rates at lower levels, do you have any long term loans or leasing arrangements which could be renegotiated on more advantageous terms? (Do not forget the "Accent on growth" finance scheme arranged for members by ICML and NPA.)

You should have a yardstick against which to measure overall performance. Once you have had your annual stocktake and your accountant has produced your accounts, what do they tell you? Regrettably, from the ones we see at the NPA, the answer is very little. We find that 30 per cent do not even split the gross margin between NHS and OTC.

But no matter how detailed your annual accounts, in isolation they are of limited value. You may be very happy that your OTC margin is 28 per cent, but did you know that other pharmacies of the same size in your area were making 42 per cent? You may think your stock turnover

of 4.5 is all right, but it could have been 6.5. You may think your staff costs at 11 per cent of turnover are acceptable, but did you know other pharmacies manage on 8 per cent. All this information and more is available free of charge through the NPA Interfirm Comparison.

There are other documents from which you could probably get extra mileage — for example, the monthly VAT repayment claim. If you take the net output and input figures and deduct your monthly wages and rent and rates you have a useful guide to cash flow situation and profitability — especially if you summarise these figures on a sheet of paper month by month and examine the pattern shown.

### Stock-taking lessons

The annual stocktake report should show the totals of product groups: try to estimate how many weeks sales they represent. You will probably find lines which can profitably be given the axe.

Assuming you are trading profitably and have some tax to pay, then you should consider stock appreciation relief. This is calculated by applying an inflation factor to opening stocks. The factor is based upon an all-stocks index and is currently about 9 per cent. It is therefore very much to your advantage to make sure your year-end stocks are as high as possible. If you have an October or November year end, try to get as much as possible of your Christmas stock delivered early. You can probably do this without advancing the payment date to your suppliers.

Also make sure your wholesaler gets in a large delivery before you take stock. Don't go overboard: don't build up large stocks that you can't quickly run down again. These high stocks won't affect your profits because your purchases figures will be correspondingly inflated. For every £1,000 you manage to put on your year-end stocks you will save £40 in tax. Admittedly you will have to wait two years to receive the benefit, but it is still a worthwhile exercise.

Most large retail multiples experience "shrinkage" of between 1 and 2 per cent despite their store detectives, floor watchers and surveillance systems. There is no reason to suppose that retail pharmacists' losses from pilferage are any less and in a small shop they probably go undetected. When you consider you may

be losing upwards of £2,000 or £3,000 a year then it justifies taking steps to minimise these losses.

First, get some idea of the level of losses. The product performance analysis will help show which lines are not making the expected mark-up. Run your own perpetual stock checks on more expensive lines and perform periodic spot checks on other lines which are suspect and not performing to standard. Second, make sure there are no blind spots in your premises where customers are hidden from sight from your staff — and make sure your expensive items are not kept near the exits.

Third, periodically review delivery procedures, stock room security and till procedures to make sure no sloppy practices have developed. Finally make sure you have a fair, or even generous, staff purchase scheme whereby your employees can buy your merchandise cheaply, and by that I don't mean just giving them 10 per cent off.

Is it better to buy or to lease a piece of equipment? The only golden rule with cars is that if they cost more than £8,000 you should always buy. That way you will eventually get the full cost of the car allowed for tax purposes.

If you lease an expensive car, then part of the leasing costs are disallowed for ever. With other equipment, or with cheaper cars, the decision depends very much upon individual circumstances, and how much capital you are prepared to tie up in any particular item. Don't forget you can claim 100 per cent capital allowances on most items of equipment. If you have a tax liability then the tax man can pay 40 per cent of the cost of that new label printer you always coveted.

### Invest in pensions

If you are a taxpayer and are not looking for immediate access to your savings, there is no better investment than pension premiums. The premiums are allowed against your taxable profits and you can invest up to 17½ per cent of your taxable income in this way. The premiums accumulate in a tax-free pool so in effect you get a double benefit and can receive a handsome capital sum and a good pension at retirement age (PMI can advise here).

The last topic is protecting what you have. It is senseless to spend years of time and effort building up a business only to find that a fire or some other catastrophe has wiped it all out at a stroke. Senseless that is, unless you are adequately insured and know that your business can be reconstituted and you know that you will be compensated for the period of disruption. Failure to notify your insurance company of increased values or of additional valuables in times when inflation has been running at 15 per cent very soon leads to an under-insured situation. If your property is insured for £25,000 and its true value is £50,000 then you will only receive from the insurance company half of the value of any actual loss incurred.



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# LETTERS

## Ad-Vantages

It seems nicely appropriate that as Vestric announced details of the forthcoming level two of Link (*C&D* September 11, p446) the same issue should carry a whole-hearted "testimonial" to the virtues of level one (p432).

The letter from T. J. Ryan gives a reasonable comprehensive run-down of the principal advantages of using Link, but seems to take for granted the ease of transmission of orders with the system. True, he mentions the lack of "teething troubles," the ease of use by staff, and the elimination of the possibility of orders being mis-heard by telephone. But as his colleague in the profession who installed the first Link in Scotland (and who is so delighted by the system that at my other pharmacy I have installed another), I believe the technical efficiency of the transmission system should also be stressed.

Whether using Vestric's own alphanumeric codes or the PIP code, my staff and I have found Link's transmission-of-order system absolutely faultless. Indeed, the excellent performance of the system *can* be taken for granted, but it is worth placing on record along with Mr Ryan's list of the rest of the system's virtues — particularly as all the colleagues I have questioned report the same satisfaction.

We look up on Link as something of a miracle. The system certainly deserves testimonials, particularly as it is just one possible adjunct to the Vantage programme — another Vestric "technology" which is running smoothly, is technically sound, and helps boost business!

**F. Hulskramer**  
Edinburgh

## Cheap remedies

I enclose a mailing which I received today from Southon-Horton Laboratories Ltd (a member of the LRC International group) offering a range of vitamin products and remedies direct to industrial users at pharmacist's trade prices — for example Esovac is offered at a price of £1.15 which is the trade price shown in the *C&D* Price List.

Also included in the mailing are details of first aid kits which the company is able to supply and, by implication, these will also be cheaper than those supplied by pharmacies.

For a company like LRC to show such complete disregard for retail pharmacy, which has supported it by promoting and

stocking its products for many years is deplorable and if this indicates the start of a new trend in direct supply it will only serve to make the trading position of retail pharmacy more difficult.

This type of trading cannot be condoned and I am seriously considering the retention in my pharmacies of other LRC products. If this type of trading proves successful we will find the rest of LRC's product range being offered direct to industrial or large volume users. If this is to be avoided, pharmacists must take issue with the company and refuse to stock their products and offer for sale the products of companies which support pharmacies.

Similar action must also be taken by the pharmaceutical wholesalers, since they

will also be affected by this type of trading.

**Frank Yantin,**  
London E9.

T. Propanolol (60mg)  
40mg + 2x 20mg  
PROPRANOLOL

T. Propanolol 10mg x 2 = 20mg  
(120) x 2 daily  
PROPRANOLOL

Our subscriber describes these dosage instructions as a "confusing gimmick"

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Parke-Davis & Co., Usk Road, Pontypool, Gwent NP4 0YH.

Further information and data sheet available on request. \*Trade mark R81056



## Latest hospital offer 'designed to deceive'

The latest pay offer to health service workers was "deliberately designed to deceive", Council members of the Guild of Hospital Pharmacists heard at a meeting on September 23.

Ms Donna Haber, ASTMS divisional officer, explained that the proposals, which included two options for pharmacists, had been rejected unanimously by the TUC Health Services Committee. The first option was for 5½ per cent from April 1, 1982, and 5 per cent from January 20, 1983. The second was 6.5 per cent from June 1, 1982, plus 4 per cent from January 3, 1983. The due date for any subsequent settlement would be April 1, 1984. The earlier offer for out of hours payments was still included as before and Ms Haber would clarify this point in writing with the Pharmaceutical Whitley Council management side.

Ms Haber explained that this new proposal offered no more in total for 1982-3 than the offer previously rejected. It cut from £418m to £259m the amount of money for pay increases for health workers in 1983-4, ie, they had been asked to accept in advance a four per cent cash limit. It also deferred comparative machinery for nurses and, by implication, all other staff. There had been no real attempt by the Government to settle the NHS dispute; instead it had attempted to undermine the TUC campaign, particularly during the run up to the day of industrial action on September 22.

Ms Haber reported that 120,000 health service workers, including pharmacy staff, had attended the rally in London on September 22 and there had been similar demonstrations in other cities in England, Scotland and Wales. The TUC Health Services Committee now had no choice but to carry this campaign through to the end to obtain a proper pay settlement. Guild members were reminded to follow TUC guidance and reduce services on every day of action to accident and emergency cover only.

### Out of hours petition

Guild Council has accepted a suggestion from the North Wales group to deliver petitions on out of hours payments to 10 Downing Street. Leaflets briefly explaining pharmacy's case will be distributed to all hospital pharmacy departments and patients asked to sign.

Guild members are being advised to maintain a "holding operation" in terms of action at hospital level on the out of hours dispute, but to step up political

pressure by writing "follow-up" letters to their MPs and lobbying them at their local "surgeries". It was hoped to "keep the pot boiling" with an Early Day Motion when the House of Commons reconvened.

Council discussed the current position of pharmacy in NHS reorganisation. Certain district pharmaceutical officer posts would automatically open for national competition in the first instance and it was agreed that a speedy decision should be reached on a common date for all regions to go to national competition.

### Joint posts

Council noted that where new districts had proposed principal pharmacist / DPhO posts, the job descriptions had been similar to those of full-time DPhOs. Full-time officer salaries had therefore been proposed by Pharmaceutical Whitley Council joint secretaries and functional management had been established. In all cases in which a new DPhO post had been agreed where there had been previously only a principal pharmacist, substantial promotion would be involved in the reorganised structure and competition rules would apply.

Ms Haber reported to Council that a claim against Leeds Area Health Authority had been entered in the High Court to obtain payment dating back to 1974 for a pharmaceutical officer, from which time his salary was termed "interim" until the pharmaceutical top posts review was completed in 1979. Should this case prove successful it was hoped that area pharmacists and area and regional pharmaceutical officers who were in post in 1974 would be eligible for similar back payments.

Mr V. Fenton-May, professional secretary, drew Council's attention to a document issued by the Association of Anaesthetists of Great Britain and Ireland, entitled "Report of a working party on the use of Controlled Drugs in operating theatres". The document had no official DHSS status. Pharmacists should be aware however that it was being widely distributed to hospital anaesthetists.

The report of the "qualified person advisory committee" stated that it was for professional bodies to assess whether the individual applicants had satisfied the criteria laid down in the Directive for future requirements to become "qualified persons". He was agreed that officers of the Guild should approach the

Pharmaceutical Society with a view to obtaining agreement that the experience of hospital pharmacists doing similar work in NHS pharmaceutical manufacture to those in industry should be considered equivalent to the requirement necessary for a "qualified person" in industry.

Ms Marion Dinwoodie, editor of the Guild's publications, reported that a questionnaire had been prepared for a survey of opinion of the Guild's abstracting service "Current abstracts of pharmacy and therapeutics".

Council members debated the status of motions passed at the annual GHP branch delegates meeting. It was agreed that motions should be so worded as to decide "policy" to be implemented as and when this should become possible. It was also re-emphasised that every effort would be taken to carry out motions passed and these would remain "on the table" until such time as they could be implemented. Council would also offer an explanation to the membership should the implementation of any motion become impossible.

## Independent unit for research

The Centre for Medicines Research at Carshalton, Surrey was opened last week by the chairman of the Committee on Safety of Medicines, Professor Abe Goldberg. Established by the Association of the British Pharmaceutical Industry as an independent research unit, the CMR will undertake research which will expedite the development and further safe use of medicines.

The director of the centre, Dr Stuart Walker, has headed a team doing research work at the British Industrial Biological research Association at Carshalton, during the build up to the opening of the CMR. These major projects are all partially completed and are: An assessment of the innovative performance of the UK pharmaceutical industry (1964-1980); the compilation of a databank specifying details of all new chemical entities marketed in the UK over the past two decades and lastly, a study to determine whether there is a rational basis for the duration of animal studies carried out prior to the marketing of a new drug.

Terms of reference of the CMR are:

- ☐ To investigate the human aspects of medicines and in particular the value of laboratory studies on medicines as predictors of their tolerance and safety in man.
- ☐ To study the effect of current and proposed regulations on the development and safe use of medicines.
- ☐ To evaluate the influence of medicines on population health statistics and determine the benefits of medicines relative to their risks.
- ☐ To publish the results and conclusions from such studies in order to support the principal objective of the centre.



## Labour conference votes for drug nationalisation...

Public ownership of the pharmaceutical manufacturing industry was demanded in a resolution approved by the Labour Party conference at Blackpool on Monday. However, conference rejected on a card vote — 5,537,000 to 1,205,000 — a resolution calling for the nationalisation of the entire industry, including also wholesale and retail pharmacy (*C&D* July 24, p149).

On behalf of the National Executive,

Mr David Williams of health workers' union COHSE, asked for rejection of the "all-in" resolution which could, he said, mean the nationalisation of pharmacies.

At the end of its health service debate conference approved a "new deal for health" which would phase out charges, remove hospital pay beds and private practice from the NHS, and increase spending on the NHS by at least three per cent a year in real terms.

## ... But it may prove unpopular

Companies concerned by Labour's nationalisation plans may take comfort from a recent survey sponsored by free enterprise organisation Aims of Industry. Asked whether they thought more industries should be nationalised, 63 per cent of the poll's total sample said no, against only 16 per cent who replied yes. Four per cent felt that it depended which companies were involved, and the remainder were "don't knows."

Labour voters were, perhaps surprisingly, split on the issue with 38 per cent for, and 35 per cent against, more public ownership; 85 per cent of Conservatives and 68 per cent of Liberal / SDP supporters thought there should be no more nationalisation.

Among labour voters, 38 per cent felt nationalised industries to be less efficient than privately-owned ones, against 25 per cent who thought them more so. Sixty-two per cent of the total sample came out against nationalisation on these grounds while 82 per cent of Tories and 66 per cent

among the Alliance agreed.

Only one Labour voter in four thought more nationalisation would lead to an increase in general living standards, while 63 per cent of Conservatives and 38 per cent of Alliance supporters felt greater public ownership would lead to a fall in living standards. Forty one per cent of the total sample agreed, while 28 per cent overall felt it would make no difference.

The survey was conducted in August by National Opinion Polls, and interviewed a total of 1,984 adult members of the general public.

"If the Labour Party have any sense, they will drop their nationalisation plans," says Michael Ivens, director of Aims of Industry, "If they don't do this at conference, we have a massive advertising and poster campaign up our sleeves." *Public Attitudes to Labour's Policies on Nationalisation*, available free from *Aims of Industry*, 40 Doughty Street, London WC1N 2LF.

## BAT Industries lift profits 21pc

BAT Industries — owners of Yardley, Lenthéric Morny and Germaine Monteil — have lifted first-half pre-tax profits 21 per cent to £326m. Subsidiary British-American Cosmetics is said to have performed well, with both sales and trading profit improved over the corresponding period last year.

The group as a whole managed sales of £4,768m, up 13 per cent on the previous £4,226m. Although the second six months cannot be expected to show the same rate of profit growth as this half-year, group chairman Sir Peter Macadam feels the full year will demonstrate a real advance on 1981.

UK retailing is also expected to show an improvement on the last full year, despite the fact that International Stores have so far shown only a modest profit and Mainstop has not done as well as was hoped. Turnover for the group's retailing activities reached £1,117m (£958m), but trading profits were down 60 per cent to £6m from the previous £15m.

## Unichem canvas non-members

Unichem are to send a full colour glossy brochure, "Open for business", to all non-accounts this week detailing their progress from 1938 to the present time, in an attempt to increase membership.

In a section headed "from strength to strength" the growth of turnover and profits is illustrated graphically. Unichem's use of computers is then traced together with the increase of services such as the ICFC finance scheme, fascia fitting, own label ranges and their travel agency.

Unichem executives are pictured along with details of their network of branches and an explanation of the workings and constitution of the regional committees.

More Business News overleaf

## Don't you think her skin deserves a little protection?



One antiseptic healing cream gives mothers and families all the protection they need. It's Sudocrem. Specially made to soothe sore skin.

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## Static home market for Beatson

Beatson Clark increased profits by £440,000 in the six months to July 3, with the pre-tax figure reaching £1.65m. First half sales rose from £13.59m to £14.73m. These improvements are attributed by the company to tight cost control and better productivity.

Home sales increased to £11.57m (£10.09m), despite a static total market. Export sales declined, however, due largely to a Nigerian blockade on imports of the company's products.

The directors are less optimistic regarding the second half of the current year than was the case six months ago. It is now thought unlikely that second-half results will exceed the £1.13m recorded last year.

Excess capacity for glass containers throughout Europe continues to exert pressure on prices at home and overseas, and it is felt that some reduction in output levels will be necessary before the year end. Stocks of white flint bottles are at relatively high levels compared to those of amber, but no immediate change is expected.

## Retailers more optimistic?

Retailers as a whole are beginning to view the future with slightly more optimism, according to the latest survey of employment trends from temporary services company Manpower Ltd. Forty eight per cent of employers in the sector now report that they intend to increase staffing levels in the coming quarter, with only 5 per cent expecting to need less staff.

Prospects in the third quarter of 1982 showed 26 per cent expecting increases, and 12 per cent expecting a decline. The next quarter includes the important

Christmas period, however, so a strong seasonal factor must be borne in mind. Compared to this time last year, the rise is only marginal, but a slow and steady improvement is evident when the figures are considered over a longer period. This reflects anticipation of higher consumer spending among employers, suggest Manpower.

The general index of all employers is perfectly balanced, with 18 per cent expecting increases and the same percentage anticipating a decline. This still represents an improvement on last year's all-employer figures, however, when reductions outweighed increases by 20 per cent to 16 per cent. In 1980, there was a 17 per cent "deficit" and Manpower interpret this as showing that employers now feel a "steady, if protracted, recovery from the deep recessionary trough of previous years" to be under way.

## Varta and Energen to De Witt

The distribution rights for Varta batteries and Energen products have passed to De Witt International Ltd from Sangers Agencies. The new arrangement comes into force on October 1 and follows trade rumours (*C&D* August 28, p359) that agency clients would pass to De Witt.

## Briefly . . .

■ **Dietary Specialities Ltd** have moved to DSL House, 159 Mortlake Road, Kew, Richmond, Surrey TW9 4AW (tel 01-878 7944).

■ **R.P. Scherer Ltd** have moved to Frankland Road, Blagrove, Swindon, Wilts (tel 0793 488411). Their offices in Bath Road, Slough have been closed down.

■ All correspondence to **Medo Chemicals Ltd** should now be addressed to their new warehouse at Unit 3, Jacksons Industrial Park, Wessex Road, Bourne End, Bucks.

This follows the closure of their Fortress Road premises in London NW5.

■ **Label Research** pharmaceuticals and promotional label printers, have published the first two in a series of leaflets on topics of interest to label-users, dealing with security and line efficiency. Copies obtainable from *Clive Sibley, Label Research Ltd, 1 Bushey Close, Kenley, Surrey CR2 5AT (01-668 0627).*

## COMING EVENTS

### Monday, October 4

**Colchester Branch, National Pharmaceutical Association**, Postgraduate medical centre, Essex County Hospital at 8pm. Mr W.A.G. Kneale talks on "Community pharmacy in Europe."

**East Metropolitan Branch, Pharmaceutical Society**, Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead E11 at 8pm. Mr T.P. Hunt, Senior Training Office, NE Thames RHA talks on "Communications — pharmacists, are your patients receiving you?"

### Tuesday, October 5

**Stirling and Central Scottish Branch, Pharmaceutical Society**, Terraces Hotel, 4 Melville Terrace, Stirling at 8pm. Mr R. Williams, Glenbrew Ltd, talks on "Home brew."

### Wednesday, October 6

**Isle of Wight Branch, Pharmaceutical Society**, Postgraduate medical centre, St Mary's Hospital, Newport, Isle of Wight at 8pm. Mr R. Idris Hughes talks on "Computers systems in pharmacy."

**Northumbrian Branch, Pharmaceutical Society**, Winthrop Research Development Laboratories, Alnwick at 7.30pm. Dr W.E. Court talks on "The Society's collection of materia medica."

**Sheffield Branch, Pharmaceutical Society**, Jessop Hospital Lecture Theatre at 8pm. Professor Alan Usher, Professor and Head of Department of Forensic Pathology, University of Sheffield gives a talk entitled "Crime doctor."

**Bath Branch, Pharmaceutical Society**, Senior Common Room, Bath University at 8pm. Cheese and wine with Bath University Students.

**West Metropolitan Branch, Pharmaceutical Society**, The Great Western Hotel, Paddington at 6.45pm. Sergeant Phillips, New Scotland Yard, talks on "Drug squad work and the drug laws and how they affect the pharmaceutical profession."

### Thursday, October 7

**Royal Society of Chemistry** (joint pharmaceutical analysis group) PSGB, 1 Lambeth High Street, London SE1 at 10.45am. Meeting on "Quality assurance in hospital practice and in industry."

**Lancaster & Morecambe Branch, Pharmaceutical Society**, Conservative Club, Church Street, Lancaster at 7.45pm. Semi-social evening and pharmaceutical curio competition.

**Thames Valley Pharmacists' Association**, Winthrop House, Surbiton at 8pm. Miss J.M. Waghorn speaks on "Health education and the pharmacist." Open meeting.

**Medway Branch, Pharmaceutical Society**, Leeds Castle, Nr Maidstone at 7pm. Kentish evening including tour of castle, dinner and dance, sherry reception. Details from Mr Stanley Ackers, chairman, telephone 0322 842300.

**Hounslow Branch, Pharmaceutical Society**, Lecture Theatre, West Middlesex Hospital, Twickenham Road, Isleworth at 7.45pm. Lecture by Mr J.P. Kerr, member of Council, treasurer of the PSGB on "The role of the community pharmacist in health care."

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# MARKET NEWS

## Some chemical imports firmer

London, September 28: Supplies of a number of imported pharmaceutical chemicals are becoming scarcer on the spot. Among the items affected are aspirin, paracetamol, sulphadimidine, thiamine hydrochloride, folic acid and saccharin sodium.

In the essential oil field petitgrain was marked down sharply — particularly that for shipment. Other oil changes were due to currency fluctuations. The price gap between Chinese and Brazilian menthols continues to narrow as Brazil lowers and China increases their quotations.

Among botanicals offers of East European lobelia are at an extraordinary high level at origin where supplies are reported to be scarce. Apart from a parcel of substandard material at £1.20/kg, cif, offers are around £6.70, cif, against £1.60 earlier this year. Kola nuts were down on

the spot by £15 metric ton and henbane by £30. Cape aloes was unquoted on the spot. Price movements among spices were mixed some being easier and others firmer. Among the latter fennel seed rose by £200 metric ton, cif.

### Pharmaceutical chemicals

**Acetarsol:** £25 kg in 50-kg lots.  
**Aspirin:** Ten-ton lots from £1.90 kg for imported material.  
**Atropine:** (per kg in ½-kg lots) Alkaloid £220; methonitrate £205; sulphate £193.  
**Benzocaine:** BP in 50-kg lots, £7.50 kg.  
**Biotin:** Crystals £5.51 per g; in 10-g lots.  
**Bismuth salts:** £ per kg.

	50-kg	250-kg
salicylate	12.06	£11.75
subcarbonate	7.50	7.26
subnitrate	5.73	5.59

**Bromides:** Ammonium potassium, sodium per metric ton in 50-kg lots £1,000; 250-kg lots £975; 1,000-kg £950.  
**Brucine sulphate:** £45 kg.  
**Butobarbitone:** Less than 100 kg £26.20 per kg.  
**Carbazochrome:** technical £60 kg; sodium sulphate £105 kg.  
**Carbon tetrachloride:** BP 5-ton lots in 290-kg drums £305 per metric ton.  
**Chloral hydrate:** 50-kg lots £2.55 kg.  
**Chloramphenicol:** *levo* BP '80 £20 kg in 500-kg lots.  
**Cinchocaine:** (5-kg lots) base and hydrochloride £125 kg.  
**Clioquinol:** BP 80 500-kg lots £23.25 kg.  
**Cocaine:** Alkaloid £1,076 kg; hydrochloride £947.70.  
**Folic acid:** 100-kg lots from £63 kg.  
**Iodoform:** USNF £17 kg in 50-kg lots.  
**Isoetharine hydrochloride:** £170 kg for 1-kg lots.  
**Isoniazid:** BP 1973 £5.00 kg in 300-kg lots.  
**Lobeline:** Hydrochloride BPC and sulphate £1.49.  
**Magnesium carbonate:** BP per metric ton — heavy £800; light £600-£645 as to maker.  
**Magnesium chloride:** BP crystals £1.21 kg for 50-kg lots.  
**Magnesium dihydrogen phosphate:** Pure £2.45 kg in 50-kg lots.  
**Magnesium hydroxide:** (metric ton) £1,650; 28 per cent paste £550.  
**Magnesium oxide:** BP per metric ton, heavy £1,700; light £1,600.  
**Magnesium sulphate:** BP £147.10-£150 metric ton; commercial from £130; exsiccated £310.60.  
**Magnesium trisilicate:** Light £0.80 kg; heavy £0.79 kg in minimum 900-kg and 1,200-kg lots respectively.  
**Mercurials:** Per kg in 50-kg lots; ammoniated £15.20; oxide — red £16.30; and yellow £16.05; perchloride £8.85; subchloride

£12.10; iodide £15.

**Saccharin:** BP sodium, powder £3.50 kg; crystals £3.30, both for 250-kg lots.

**Sulphadimidine:** £4.60 kg for imported in ½-ton lots.

**Thiamine:** Hydrochloride / mononitrate £18.43 kg in 20-kg lots of British origin; 500-kg £17; imported £17.

**Tocopherol:** DL alpha 5 kg £17.05 kg.

**Tocopheryl acetate:** DL-alpha per kg £14.30 (in 20-kg lots); adsorbate £13.42 (25-kg); spray-dried £11.83.

### Crude drugs

**Aloes:** Cape spot unquoted; £1,515 metric ton, cif. Curacao no spot or cif.

**Balsams:** (kg) **Canada:** No spot; £18.70, cif. **Copaiba:** Spot £4.40; £4.25, cif. **Peru:** £9.40 spot; £9.50, cif. **Tolu:** Spot £5.30.

**Benzoin:** £130 cwt, cif.

**Chillies:** Chinese £1,500 metric ton; powder £900 per metric ton spot.

**Ginger:** Cochin £950 metric ton spot; £1,000, cif. Jamaican No.3 £1,950, cif, nominal; Nigerian split £550 spot; Indonesian £550 spot.

**Henbane:** Niger £1,470; metric ton spot; £1,500, cif.

**Jalap:** Brazilian unquoted.

**Kola nuts:** £235 metric ton spot; £230, cif.

**Liquorice:** Root, £640 metric ton spot; £660 metric ton, cif. Block juice £1,400 metric ton spot; spray-dried powder £1,900.

**Lobelia:** European dear at £6.70 kg, cif.

**Menthol:** (kg) Brazilian £6.75 spot; £6.60, cif. Chinese £6.20 spot; £6.45, cif.

**Pepper:** (metric ton) Sarawak black £870 spot, \$1,275, cif; white £1,300 spot; \$1,650, cif.

**Pimento:** Jamaican £1,425 metric ton spot; £1,300, cif.

**Seeds:** (metric ton, cif). **Anise:** China star £2,400. **Celery:** Indian £700. **Coriander:** Moroccan £330. **Cumin:** Indian £1,200. **Fennel:** Chinese £900. **Fenugreek:** Turkish £290; Indian £290.

**Turmeric:** Madras finger £430 metric ton spot; £460, cif.

### Essential oils

**Cedarwood:** Chinese £3.35 kg spot; unquoted, cif.

**Citronella:** Ceylon £2.20 kg spot and cif. Chinese £3.25 spot; £3, cif.

**Clove:** Indonesian leaf £2.25 kg spot and cif. English distilled bud £57 spot.

**Eucalyptus:** Chinese £2.85 kg spot; £2.80, cif.

**Peppermint:** (kg) Arvensis — Brazilian £7.50 spot and cif.

Chinese £3.90 spot; £4.05, cif. American piperata £13.

**Petitgrain:** Paraguay £7.80 kg spot; £7.20, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

considerably smaller than the original Airball, and designed for the growing "small space" sector of the market. *Temana Bees Ltd, Sealand, Chester CH1.*

## Triton

Triton's new dispensary system, **stands 6 and 9**, is manufactured in the UK and available with either wood or steel shelving. Designed to create an upmarket image at an economic price it offers "simplicity and elegance" while still retaining a degree of flexibility, says the company.

The modular units include comfortable bench heights with suede finished formica surfaces, access tidy bin, bottle rack, drawer and adjustable shelf units. The modules allow for a variety of combinations and tailored units can be produced. *Triton Shopfitting Systems Ltd, Auckland House, Farleigh Road, Warlingham, Surrey CR3 9EJ.*

## Zena Cosmetics (UK)

Zena Cosmetics feature an addition to their My Epil range of wax depilatory products on **stand 62**. The economy cold wax pot (£6.60, 250g) comes complete with spatula and cellophane strips. Zena say it is sufficient for up to eight home waxing treatments on legs, arms, bikini line etc. *Zena Cosmetics (UK) Ltd, 5 Harrington Road, Kensington, London SW7 3ES.*

■ **Other new products** to be shown at Chemex have already been detailed in C&D's Counterpoints section.

## St Clair's

Serene (£5.50) is a new perfume specially formulated for the black woman. St Clair's describe it as "a light and fresh fragrance suitable for all occasions." The company has also produced a new collection of brush-on hair highlights — available in six shades of gold, silver, bronze, red, green and blue (rsp £1.75). Both products, which appear on **stand LDU5**, were formally launched in June, but are only now becoming available to the retailer. *St Clair's Ltd, 55 Bryanston Street, Marble Arch, London W1.*

## Scholl (UK)

The 1983 styles of exercise, comfort, Soft Step and Homecomer sandals from Scholl will be found on **stand 29**. The Soft Step sandals feature a "money-back comfort guarantee." *Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH.*

## Temana Bees

Cooper Freshaire aerosols (£0.65) have been repackaged, and will be on view on **stand 37**. The cans now feature a new logo, with a different design for each of the four fragrances available. The seams from the old cans have also been removed, giving the pack a new "trimline" look.

Also on display will be the Atmosphere — an addition to the Airball range. Marketed in twin-packs, the Atmosphere carries a price of £0.79, with a special launch offer of £0.49. It is

*Continued from p590*

six eye-shadow colours (£5.25) and black or brown mascara (£3.50). The mascara is to receive the heaviest promotion. The eye-shadow appears in a duo-pack, each containing two different shades. Distributed by *MCL Services Ltd, Castleham Road, St Leonards-on-sea, East Sussex TN38 9NB.*

## NPA

The National Pharmaceutical Association are to show their 1983 Health Hints calendar on **stand 17**. The calendars can be overprinted with member's name and address if ordered before the end of May in any year — without the overprint the cost is £0.50 trade. The calendars feature a line-a-day engagement style, 12 colour pictures of birds and health information on the reverse of each month's sheet, (eg calorie chart, emergency first aid, children's diseases etc). *The National Pharmaceutical Association, Mallinson House, 40 St Peter's Street, St Albans, Herts AL1 3NP.*

## Personalised Products

The Spotkleen stain removing cloth will be found on **stand 17a**. A pack of five cloths has an rsp of £0.60 and is said to work on stubborn spots and stains and be completely safe to use on "nearly all fabrics". Packed in display outers of 12, quantity discounts are available on Spotkleen from *Personalised Products Ltd, Butts Road, Alton, Hants GU34 1EJ.*



# CLASSIFIED

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Kent TN9 1RW.  
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Ring Joanna Young for further  
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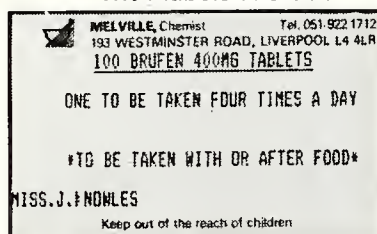
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## Patents

Proceedings under Section 23 of the Patents Act 1949.

### IN THE HIGH COURT OF JUSTICE CHANCERY DIVISION PATENTS COURT

IN THE MATTER of Letters Patent No. 1, 164,192 dated 5th May 1967 granted to FARBWERKE HOECHST AKTIENGESELLSCHAFT, vormalis Meister Lucius and Brüning (now known as HOECHST AKTIENGESELLSCHAFT) a German Body Corporate of Frankfurt (M) — Hoechst, Germany, in respect of an invention entitled "Tetrahydroisoquinolines and process for preparing them".

— and —

IN THE MATTER OF THE PATENTS ACTS,  
1949 and 1977.

NOTICE IS HEREBY GIVEN that it is the intention of HOECHST AKTIENGESELLSCHAFT and HOECHST UK LIMITED whose registered office is situated at Hoechst House, Salisbury Road, Hounslow, Middlesex, to present a Petition under Section 23 of the Patents Act 1949 (as modified by Schedule 1 paragraph 3 (3) of the Patents Act 1977) to the High Court of Justice, Chancery Division, praying that the term of the said Letters Patent may be extended.

AND NOTICE IS FURTHER GIVEN that on Monday, 17th January 1983 at 10.30 o'clock or so soon thereafter as Counsel may be heard, the said HOECHST AKTIENGESELLSCHAFT and HOECHST UK LIMITED intend to apply to the Court for a day to be fixed before which the Petition shall not be in the paper for hearing. Notices of opposition to the Petition must be lodged not less than seven days before the date above mentioned at the Chancery Registrar's Office, Royal Courts of Justice, Strand, London W.C.2.

Documents requiring SERVICE upon the said HOECHST AKTIENGESELLSCHAFT and HOECHST UK LIMITED pursuant to Order 103 rule 5 of the Rules of the Supreme Court may be served at the office of the Solicitors to the Petitioners at the undermentioned address.

DATED the 22nd day of September 1982.

ROWE & MAW, Solicitors for the said HOECHST AKTIENGESELLSCHAFT and HOECHST UK LIMITED, of and whose address for service is  
15 Devereux Court, Essex Street,  
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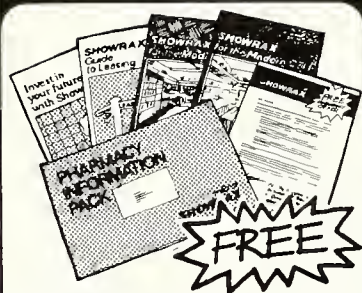
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